

CITY OF LIVERPOOL.



EDUCATION COMMITTEE.

REPORT

ON THE WORK OF THE

SCHOOL MEDICAL SERVICE

FOR THE YEAR

1936

BY

W. M. FRAZER, M.D., M.Sc. D.P.H.,

Medical Officer to the Education Authority

Received by the Education Committee on 28th June, 1937.

CITY OF LIVERPOOL.



EDUCATION COMMITTEE.

REPORT

ON THE WORK OF THE

SCHOOL MEDICAL SERVICE

FOR THE YEAR

1936

BY

W. M. FRAZER, M.D., M.Sc. D.P.H.,

Medical Officer to the Education Authority

Received by the Education Committee on 28th June, 1937.



Digitized by the Internet Archive
in 2017 with funding from
Wellcome Library

<https://archive.org/details/b29738283>

INDEX.

	PAGE
Absentees	43
Adenoids	21, 31
Audiometer	56
Aural Clinic	36
Blind Children	51
Charges for Treatment	32
Child Guidance Clinic	22
Child Welfare Association	31, 32
Children and Young Persons Act, 1933	23
Cleansing of School Children	42
Clinics	8, 10, 19-23, 34-39
Clinics (List of)	7
Deafness	11, 53
Defective Vision	33
Defective Vision—Special Classes	51
Dental Work	13, 19, 67
Ear Diseases	36
Employment of School Children	69
Epileptics	66
Exclusions from School	42
Eye Diseases	35
Following-up	28
Free Meals	47
Health Visitors	31
Higher Schools	76
H.M.S. "Conway"—Medical Inspection of Cadets	77
Infectious Diseases	39
Inoculations	39
Inspection Clinics	43
Juvenile Employment Bureau	70
Malnutrition	10
Margaret Beavan School	64
Meals, Provision of	47
Mentally Defective Children	57
Milk Scheme	15, 51
Minor Ailments	34
Notification of Defects	28
Nursery School	13, 26
Nutrition	10, 14-19

INDEX.

	PAGE
Open-Air Education	63
Orthopædic Scheme	23
Otorrhoea	36
Partially-sighted Children	51
Phthisis	38
Physically Defective Children	60
Pre-School Children (Treatment of)	34, 36, 37
Ringworm	36
Scabies	36
School Attendance Officers	31
School Premises	46
Secondary Schools	76
Special Schools	13, 51
Squint	33
Staff	6, 9, 12
Stammering and Speech Classes	26
Teeth	13, 19, 67
Tonsils and Adenoids	21, 31
Torpenhow Open Air School	65
Tuberculosis	38
Uncleanliness	42
“ Underlea ” Open Air School	63
Unemployment Insurance Act, 1935	75
Unemployment Insurance (Agricultural) Act, 1936	75
Vaccination	45
Verminous Children	42
Vision	33
Weights	14, 77
Woolton Vale	64
Zinc-Ionization	37

APPENDICES :—

“ A ”—Statistical Tables for Board of Education. Elementary Schools—	
Numbers Inspected	79
Return of Defects Found	80
Exceptional Children	83
Treatment of Defects	86-90
“ B ”—Statistical Tables for Board of Education. Higher Schools—	
Numbers Inspected	91
Return of Defects Found	92
Treatment of Defects	94-96
“ C ”—Report on Physical Training	97

List of School Clinics showing the Treatment carried out.

	TREATMENT CARRIED OUT.						
	Aural.	Cleansing.	Defective Vision.	Dental.	Minor Ailments.	Ortho-pædic.	Tonsils and Adenoids.
Burlington Street ... (Opened Nov., 1936 in place of Addison St.)	X	...	...	...
Clifton Street, Garston	X	X	X	X	...	...
Dental Hospital	X	...	...	...
Dingle House	X	...
Dovecot ... (Opened August, 1936)	X	X	X	...	...
Eldon Place	X	...	...	...	...	...
Everton Road ...	X	X	X	X	X	X	...
Moss Street ... (Opened Sept., 1936 in place of Erskine St.)	X	...	...
Netherfield Road...	X	...	...	...
Norris Green ...	X	X	X	X	X	...	...
North Corporation ...	X	...	X	...	X	...	...
North Dispensary	X
Northumberland Street	X	X	...	...
North Way ... (Opened April, 1936)	X	...	...	...
Old Swan	X	...	...
Smithdown Lane	X	...	...	...	...	...
South Dispensary	X	...	...	...	...	...
St. Dunstan's, Fearnside Street	X	...	...
Walton Road	X	...
Westminster Road	X	...	...

STAFF.

Medical Officer to the Education Authority.

W. M. FRAZER, M.D., M.Sc., D.P.H. (*Medical Officer of Health*).

Chief Assistant School Medical Officer.

R. GAMLIN, M.A., M.B., B.C., M.R.C.S., L.R.C.P., D.P.H., M.H.

Senior Assistant School Medical Officers.

L. KINGSFORD, M.D., C.M.,
D.P.H.

ETHELWYN M. WALTERS, M.B.,
Ch.B.

Assistant School Medical Officers.

V. H. ATKINSON, M.B., Ch.B.,
D.P.H.

F. P. M. CLARKE, B.A., B.Sc.,
L.R.C.S., L.R.C.P.

G. S. CLOUSTON, M.D., Ch.B.

S. HOWARD, M.B., Ch.B.

GLADYS E. HURST, M.B., B.Ch.,
B.A.O., D.P.H. (*locum tenens*).

B. S. JARVIS, M.B., Ch.B.,
M.R.C.S., L.R.C.P., D.P.H.

HELEN M. KEITH, M.B., Ch.B.

MARY F. LACEY, M.D., Ch.B.

J. G. MCGILL, M.D., B.Ch.,
B.A.O., D.P.H.

(*Resigned 31st Dec., 1936*).

MARY M. MCHUGH, M.R.C.S.,
L.R.C.P., D.P.H.

G. McLOUGHLIN, M.B., Ch.B.,
M.R.C.S., L.R.C.P., D.P.H.

OLIVE MACRAE, M.D., Ch.B.
(*Died, Nov., 1936*).

MARGARET G. ORMISTON, M.A.,
M.B., Ch.B.

J. E. POWER, M.B., B.Ch.,
B.A.O., D.P.H.

Senior School Dental Officer.

T. H. PARSONS, L.D.S., R.C.S.

Assistant School Dental Officers.

A. BREWER, L.D.S.

L. BROMLEY, L.D.S.

L. A. JONES, L.D.S.

F. C. LITTLETON, L.D.S.

G. E. NEVINS, L.D.S.

D. B. OWEN, L.D.S.

J. TYSON, L.D.S.

L. C. WINSTANLEY, L.D.S.

J. A. WOOD, L.D.S.

Part-time Specialist Officers.

W. Murray Cairns, C.B.E., M.D., C.M.
(*Certifying Officer for Physically Defective Children*).

A. Dingwall Fordyce, M.D., F.R.C.P. (Edin.)
(*Certifying Officer for Mentally Defective Children*).

W. E. Livsey, M.D., Ch.B. (*Oculist*).

H. Holmes, B.A., M.B., B.C.
(*Aurist and Oculist for Crown Street School for the Deaf*).

Courtenay Yorke, M.D., F.R.C.S.
(*Surgeon to Tonsils and Adenoids Clinic*).

T. E. Jones, B.A., M.D. (*Anæsthetist at Tonsils and Adenoids Clinic*).

T. P. McMurray, M.Ch., F.R.C.S. (*Consulting Orthopædic Surgeon*).

B. L. McFarland, M.D., M.Ch. (Orth.), F.R.C.S. (*Orthopædic Surgeon*).

W. J. Eastwood, M.Ch. (Orth), F.R.C.S. (*Orthopædic Surgeon*).

Superintendent of School Nurses.

Marian L. Nickson.

Chief Clerk.

F. J. Geldart.

*Also:—*59 Whole-time school nurses.

4 Part-time school nurses.

2 Orthopædic nurses.

11 Clinic helpers.

2 Dental attendants.

29 Clerks.

EXPLANATION OF TECHNICAL TERMS USED IN THIS REPORT

Blepharitis	Inflammation of the margins of the eyelids.
Caries	Decay of bone or teeth.
Conjunctivitis.....	Inflammation of the transparent membrane lining the front of the eye and the inner surface of the eyelids.
Cornea.....	The transparent part of the eye in front of the pupil.
Corneal opacity	An opaque condition of the cornea resulting from ulceration.
Corneal ulcers	Ulcers on the cornea or clear part in front of the eye.
Furunculosis	“Boils.”
Granulations	Proud flesh.
Impetigo	Contagious sores with yellow crusts on, often associated with dirty and verminous conditions.
Intrathoracic Glands...	Glands inside the chest.
Keratitis	Inflammation of the cornea.
Mastoid	The mastoid bone which lies immediately behind the ear, and communicates internally with it.
Mesenteric Glands ...	Lymphatic glands in the abdominal cavity.
Myopia	Short sight.
Orthopædies	Rectification of deformities in children.
Osteotomy	An operation involving the cutting of the bone.
Osteoclasis	Another form of bone operation.
Otitis media	Inflammation of the inside of the ear.
Otorrhœa	A discharge from the ear (running ear).
Pediculosis	Infection with lice.
Polypi	Growths hanging by a stalk.
Rhinitis	Inflammation of the mucous membrane of the nose.
Scabies	A contagious skin condition commonly known as “itch.”
Spastic paralysis	A form of paralysis producing rigidity.
Talipes	Club-foot.
Torticollis	“Wry-neck.”
Zinc ionisation	A method of treating disease of the ear by means of a zinc solution applied electrically.

CITY OF LIVERPOOL.

EDUCATION COMMITTEE.

REPORT of the MEDICAL OFFICER to the Education Authority for the Year ended 31st December, 1936.

The Medical Officer submits, herewith, his Report on the work of the School Medical Service for the year 1936.

1. There has been no change in the arrangements for carrying out the work of medical inspections of the children attending the Public Elementary, Special and Higher Schools.

2. It is with regret that the Medical Officer has to record the death, in November, after a long illness, of Dr. Olive MacRae, one of the Assistant School Medical Officers, who joined the Service in 1931.

Dr. Hurst, who was formerly on the Staff, was appointed as a locum tenens in Dr. MacRae's place, pending the appointment of a permanent medical officer.

In December, Dr. McGill, who had joined the Staff in 1935, resigned in order to go into private practice.

Mr. D. B. Owen and Mr. L. C. Winstanley, two Dental Officers, who were appointed in order to bring the dental staff more nearly up to date, commenced duty on June 1st, 1936.

3. The following additions and alterations in connection with the Clinic arrangements were made during the year.

The Clinic in the Dovecot area, for the joint use of the School Medical and Maternity and Child Welfare Departments, was opened in August, 1936. This Clinic provides treatment for minor ailments, vision and dental defects.

The building of two additional joint clinics was commenced to serve the purposes of these two departments in the Walton and Fazakerley areas. The Erskine Street Minor Ailments Clinic was closed at the end of June, its place being taken by a clinic opened in the Moss Street Methodist Chapel in September.

An additional dental clinic was opened in April at North Way, to serve the needs of the children attending schools in Old Swan, and in part of Wavertree. The Addison Street dental clinic was closed in November, and the work transferred to more suitable premises in Burlington Street. At Norris Green a separate dental clinic was built in the grounds of the Joint Clinic, the former dental clinic within the main building having been handed over for the use of the Maternity and Child Welfare Department, who found that their accommodation was inadequate.

Nutrition.

4. In 1935 a special enquiry into the nutrition of Liverpool schoolboys was commenced by the School Medical Department in collaboration with the Department of Social Science of the University of Liverpool. The statistical investigation was carried out by Mr. R. H. Jones, a research student acting under the direction of Mr. D. Caradog Jones. In the course of the enquiry 2,500 schoolboys, representative of all types of school were, during the course of their medical examination, measured in height, weight, chest and hip. At the same time information was obtained concerning the personal hygiene, home circumstances, etc., of these children, in the hope of throwing new light on the causative factors affecting physical measurements and nutrition.

The enquiry had special reference to the practical value of the various "indices of nutrition", which from time to time have been proposed. An index of nutrition is a device relating height

and weight or other physical measurements, which is intended to indicate whether or not a person is satisfactorily nourished. Perhaps the best known of these indices are Tables shewing the weight of the average person at any given height, the presumption being that a person is ill-nourished if his weight falls below the average by, say, ten per cent. or more. It was impossible anywhere in the extensive literature on the subject to ascertain either which index was best, or in fact the precise value of any of the indices in picking out ill-nourished children.

An enormous amount of labour is involved in medical nutrition surveys, and it was thought that if a reliable, yet simple objective index of nutrition were discovered, this might be applied in the schools by nurses, who could thereby sort out all cases in which the index showed the desirability of medical examination. During the enquiry all known indices which appeared to be at all suitable for such a purpose, together with several indices specially devised in the course of the investigation, were tested and compared. The results of these comparisons will, when completed, establish which particular index correlates most closely with the clinical assessment of nutrition, and also how successful the various indices are in picking out subnormally nourished children. This information, when published, should prove of particular interest and value to school medical officers.

Later in the enquiry the reliability and consistency of clinical assessment came up for consideration. It was found that even experienced school medical officers differed significantly in their assessments of the nutrition of the same boys. The findings in this connection appeared to be of such importance that further investigation into the value of clinical assessments of nutrition was thought to be desirable, and is now proceeding.

5. On page 56 of this report mention is made of the audio- **Deafness.** meter and the electric sound amplifier with which the Crown Street School for the Deaf has been equipped.

Whilst this report was being written, the Medical Research Council published a valuable report on "Hearing and Speech in

Deaf Children'', by Dr. Phyllis Kerridge, in which the progress of deaf children educated with the aid of electrical sound magnification apparatus was investigated.

The following is the final sentence of her report:—

“ Probably three-quarters of the children in the London Schools for the Deaf would benefit, at least in speech, from the educational use of sound amplifiers, and many of them in several other ways as well.”

Experience at the Liverpool School for the Deaf has shewn that, generally speaking, the use of such amplifying apparatus results in a definite improvement in hearing acuity, and also produces a beneficial psychological effect.

As only one apparatus has so far been supplied, it has not been possible to give individual children more than one or possibly two lessons per week with it. As the tests to which this sound amplifying instrument has been subjected have shewn it to be a valuable aid in the education of the deaf, the Committee might with advantage now consider the provision of additional apparatus.

6. The Medical Officer wishes to acknowledge the services of several of the medical and dental officers who have, outside their official duties, given up their time to lecturing to parents or children, St. John's Ambulance classes, etc. In particular, he would mention the following medical officers: Dr. Atkinson, Dr. Clouston, Dr. Howard, Dr. Lacey, and Dr. McHugh, and the following dental officers, Mr. Parsons, Mr. Bromley and Mr. Wood.

7. The Medical Officer is indebted to the Director of Education for information supplied with regard to certain sections of this Report, relating in particular to the work in connection with the Special Schools, Provision of Meals, and Juvenile Employment.

8. The complete statistical tables required by the Board of Education concerning the work carried out appear in Appendix “ A ” and Appendix “ B ”, but a summary of the work undertaken, together with certain other information, is here given.

CITY OF LIVERPOOL.

GENERAL STATISTICS.

Estimated Population	...	...	...	...	...	867,110
Area, in acres...	...	...	...	...	...	27,321
Density of population, per acre	...	...	...	...	...	32
Number of Public Elementary Schools	...	...	...	...	...	196
Accommodation	...	...	...	...	...	161,467
Average number on rolls	...	...	...	...	...	136,016
Average attendance	...	...	...	...	...	121,719 (89·6%)

GENERAL SUMMARY OF WORK CARRIED OUT.

1. By School Medical Officers :—

(a) Medical Inspections :

	Public Elementary Schools.	Higher Schools.	Special Schools.	Nursery Schools.	TOTALS.
Routine Inspections ...	41,716	7,174	462	232	49,584
Special Inspections ...	60,468	257	71	5	60,801
Re-inspections ...	59,133	6,887	1,319	75	67,414
TOTAL INSPECTIONS ...	161,317	14,318	1,852	312	177,799

(b) Treatment carried out :

Cases of miscellaneous minor ailments	...	...	...	...	24,808
„ „ skin diseases	...	...	...	...	4,064
„ „ eye diseases	...	...	...	...	3,835
„ „ ear diseases	...	...	...	...	3,348
TOTAL	...	...	...	...	36,055

2. By Specialist Officers :

Treatment carried out :

(a) No. of cases operated upon at Tonsils and Adenoids Clinic	...	1,339
(b) „ „ „ dealt with by Surgeon at Orthopædic Clinics	...	916
(c) „ „ „ of defective eyesight treated by Oculists at Clinics or own rooms	...	6,234
(d) „ „ „ treated by X-rays	...	22
TOTAL TREATED BY SPECIALISTS	...	8,511

3. By School Dental Officers :—

Elementary School Children treated at Clinics	...	22,720
Special and Approved School Children treated	...	858
Maternity and Child Welfare cases treated	...	235

NUTRITION.

9. The following tables shew the average weights of the children at the three routine age groups in representative schools in good, fair, and poor districts, for the year 1936. The average weights of children of similar ages are given for the periods 1921-1925, 1927-1931, and 1934-1936, and in addition, a table is given shewing the combined figures for the good, fair and poor districts, as a whole.

A general all-round improvement in the average weights of the children as shewn by these tables is quite apparent.

Table I.

TABLE SHEWING THE AVERAGE WEIGHTS (IN POUNDS), OF CHILDREN IN SCHOOLS IN GOOD, FAIR, AND POOR NEIGHBOURHOODS.

(a) Good Schools.

AGE.	Boys.			
	1921-25.	1927-31.	1934-36.	1936.
5	40·3	41·0	41·2	41·0
8	52·9	54·2	54·7	54·9
12	73·8	75·0	76·7	77·4

AGE.	GIRLS.			
	1921-25.	1927-31.	1934-36.	1936.
5	39·5	39·9	39·2	39·5
8	51·8	52·2	53·8	53·8
12	74·7	77·8	81·6	82·6

(b) Fair Schools.

AGE.	Boys.			
	1921-25.	1927-31.	1934-36.	1936.
5	39·5	39·5	39·7	39·7
8	51·8	52·5	52·9	52·7
12	72·5	73·6	74·1	74·1

AGE.	GIRLS.			
	1921-25.	1927-31.	1934-36.	1936.
5	38·6	38·8	37·9	38·4
8	50·5	50·3	51·8	51·8
12	74·1	74·7	78·0	78·0

(c) Poor Schools.

AGE.	Boys.			
	1921-25.	1927-31.	1934-36.	1936.
5	39·0	38·2	39·0	38·6
8	50·9	50·7	51·2	51·8
12	69·2	71·0	72·1	73·0

AGE.	Girls.			
	1921-25.	1927-31.	1934-36.	1936.
5	37·7	37·1	37·7	37·7
8	49·2	49·2	49·8	50·9
12	70·3	72·1	74·5	76·3

(d) Good, Fair and Poor Schools.

AGE.	Boys.			
	1921-25.	1927-31.	1934-36.	1936.
5	39·5	39·2	39·7	39·8
8	51·8	52·5	52·9	53·1
12	71·6	73·0	74·1	74·8

AGE.	GIRLS.			
	1921-25.	1927-31.	1934-36.	1936.
5	38·6	39·0	38·2	38·5
8	50·5	50·5	51·8	52·2
12	72·8	74·7	77·8	79·4

10. During the year the medical officers have carried out full nutrition surveys in 62 schools in the poorer neighbourhoods, at the time of the routine inspections of these schools. Nutrition Surveys.

At these surveys the school medical officers were required to pass under general review all the children in attendance, and to select for detailed examination every child whose nutrition did not appear to them to be obviously normal. The parents were invited to attend these examinations and the medical officers endeavoured to ascertain from them the causes of any under-nutrition discovered, and where necessary they recommended to the School Meals Department the provision of milk or meals or both. Visits were then paid to the homes by the school attendance officers for the purpose of ascertaining the financial circumstances of the parents

for the information of the Meals Committee, who decided whether or not such extra nourishment should be granted free.

11. In those schools in which full nutrition surveys were not undertaken, the school medical officers specially examined, from the point of view of nutrition, only those children who were already in receipt of meals or milk, and any other children brought forward by the head teachers as special cases of possible subnormal nutrition.

All cases in receipt of meals or milk were examined by the medical officers at each periodical visit to the schools.

12. The following table shews in percentages the assessment of the nutrition of the children in the 62 schools where full nutrition surveys were carried out, and also the percentages of the children who were already in receipt of free meals, free milk, or both.

Table 2.
NUTRITION SURVEY SCHOOLS.

Nutrition.	CHILDREN RECEIVING :				Totals.
	Free Milk only.	Free Meals only.	Free Meals and Milk.	Neither Free Meals nor Milk.	
Excellent or normal ...	2,580	74	584	32,114	35,352
Slightly subnormal	4,578	86	1,546	5,030	11,240
Bad ...	88	4	25	114	231
Totals ...	<div>% 7,246 (15·47)</div>	<div>% 164 (·35)</div>	<div>% 2,155 (4·61)</div>	<div>% 37,258 (79·57)</div>	<div>% 46,823 (100·00)</div>

The average attendance in these schools was nearly 47,000, which is equivalent to 38·5 per cent. of the total average school attendance of the City.

13. In addition to those subnormally nourished children who were getting free milk or meals, there were some 2,200 or 19·3

per cent. of the total subnormally nourished children who were getting milk daily under the Milk Marketing Board's Scheme and paying for it. As a result of these special surveys 164 additional children were recommended for free meals, 364 for free meals and milk, and 1,972 for free milk, whilst in 1,280 instances the medical officers reported that, on medical grounds, the provision of free meals, free milk, or both, was no longer considered necessary.

In the schools in which a full nutrition survey was not carried out, 1,439 children were recommended for free milk, or free meals, or both, in addition to those who were already having these. In 780 instances the medical officers reported that on medical grounds the continuance of the free meals, free milk, or both, was no longer considered necessary.

14. The Board have asked that there should be included in the Annual Report a review of the general effect of the provision of milk on the health of the children. Whilst the Medical Officer is convinced that milk for school children is a valuable food, he does not feel that any reliable opinion can be expressed, as to any definite effect on the health of the children, unless based on such scientifically controlled experiments as those conducted by Dr. Corry Mann, in which the nature and the exact amounts of the food consumed by the children under observation, were accurately controlled over a period of years. But in an endeavour to obtain some idea as to whether the nutrition of those children who had been in receipt of milk for at least six months had improved, the records of over 4,000 such cases were analysed with the following results. In 47 per cent. some improvement in the nutrition was noted, in 49 per cent. no change was noted, whilst in 4 per cent. the nutrition was recorded as being somewhat worse.

At first sight these figures suggest a very considerable improvement in the nutrition of the children receiving milk, but these results should be considered in conjunction with Table 3, which suggests a pronounced general tendency for nutrition to improve with age irrespective of whether or not the children are receiving

supplementary nourishment. It does not follow, therefore, that in the case of the 47 per cent. of the children whose nutrition had improved, the improvement was entirely attributable to the extra milk given.

Experience in carrying out these nutrition surveys has shewn that they involve a much greater amount of both the medical and clerical work than was anticipated. From the practical point of view the nutrition surveys have been of value in securing that most of the children in need of meals or milk who would not otherwise have been recommended are now provided with such extra nourishment. On the other hand it is felt that most of the statistical work is of very doubtful value and might with advantage be omitted for the future.

Table 3.
NUTRITION IN "GOOD," "FAIR," AND "POOR" SCHOOLS
INCLUDED IN THE WEIGHING AND MEASURING
FOR 1936.

Nutrition.	AGE 5 YEARS.						Totals.	
	Type of School.							
	Good.		Fair.		Poor.			
	No.	%	No.	%	No.	%		
Excellent ...	88	8.26	44	4.72	53	3.93	185	5.53
Normal ...	916	86.01	754	80.81	1,049	77.70	2,719	81.21
Subnormal ...	59	5.54	132	14.15	236	17.48	427	12.75
Bad ...	2	.19	3	.32	12	.89	17	.51
Totals ...	1,065	100	933	100	1,350	100	3,348	100

Nutrition.	AGE 8 YEARS.						Totals.	
	Type of School.							
	Good.		Fair.		Poor.			
	No.	%	No.	%	No.	%		
Excellent ...	149	13.71	46	5.39	49	4.35	244	7.96
Normal ...	886	81.51	689	80.77	937	83.21	2,512	81.93
Subnormal ...	52	4.78	111	13.02	139	12.35	302	9.85
Bad ...	—	—	7	.82	1	.09	8	.26
Totals ...	1,087	100	853	100	1,126	100	3,066	100

Nutrition.	AGE 12 YEARS.						Totals.	
	Type of School.							
	Good.		Fair.		Poor.			
	No.	%	No.	%	No.	%	No.	%
Excellent ...	227	17·61	93	11·30	114	11·11	434	13·83
Normal ...	1,019	79·05	677	82·26	843	82·16	2,539	80·91
Subnormal ...	42	3·26	51	6·20	67	6·53	160	5·10
Bad ...	1	·08	2	·24	2	·20	5	·16
Totals ...	1,289	100	823	100	1,026	100	3,138	100

DENTAL INSPECTION AND TREATMENT.

15. The following Table shews the work carried out under the Dental Scheme for children attending the public elementary schools, together with the corresponding figures for the previous two years.

Table 4.

	1934	1935	1936
Number of children examined in school	70,739	66,413	71,872
Number of children requiring treatment	57,648 (81·4%)	54,670 (82·3%)	59,334 (82·5%)
Number of cases accepting treatment under the Dental Scheme	18,743 (32·5%)	20,106 (36·7%)	23,462 (39·5%)
Number of cases treated	17,719	19,055	22,720
Number of schools concerned	118	107	124

It will be observed that there has been an increase in the acceptance rate during the year. Whilst the proportion of parents accepting treatment for their children is still very low, there has been for some years a steady improvement in this respect.

16. A considerable extension in the scope of the dental scheme has taken place during the year, two new clinics being opened, one in the Dovecot area, and one at North Way, to serve the

schools in the Old Swan and part of the Wavertree districts. Two additional dental officers and two dental attendants were appointed to carry out the treatment at these clinics, the opening of which enabled 17 additional schools to be brought within the dental scheme.

17. The response to the offer of treatment at these new clinics has been satisfactory, there having been approximately 60 per cent. of acceptances at Dovecot and about 50 per cent. from the schools attending the North Way Clinic.

18. Most of the clinics have now been provided with an apparatus for the administration of gas and oxygen combined.

Two more dental clinics are in course of construction, it being anticipated that the one in Fazakerley will be ready for use in June and that at Walton in September.

Although the opening of these two new clinics will permit all the schools being included within the scheme, the appointment of an additional dental officer will be necessary later in the year to cope with the increase in the acceptance rate. The fact cannot too often be stressed that regularity of treatment is the most essential factor in any preventive scheme, and it has been found by experience that 12 months is the longest time that can be allowed to elapse between successive offers of treatment if there is to be any hope of preserving the permanent teeth, and unless such an additional appointment be made, this twelve monthly interval will perforce be exceeded.

The practice of declining, until the next annual inspection, to give clinic treatment to those children whose parents have refused treatment, but later made application for the relief of pain, has been continued during the year. This step has undoubtedly proved a contributory factor in the upward trend of the acceptance rate that has been noted.

19. It has been emphasised on previous occasions that if opportunity be too readily available for children to attend the clinics only when suffering pain, these clinics will tend to degenerate into convenient and cheap centres mainly for the extraction of teeth. This is not the purpose for which the treatment centres

were established, their primary function being to conserve teeth and not remove them.

The private provision of regular preventive treatment is, however, beyond the means of many parents, and it is to provide this regular treatment for the preservation of the permanent teeth that is the true function of the clinics.

20. The number of permanent teeth that it is found necessary to extract each year continues to out-number those that it is possible to save. This adverse proportion is brought about by two factors, firstly, the low acceptance rate, and secondly, the extension of the scheme that has been taking place. A low acceptance rate implies a public that is not yet aware of the necessity for regular treatment of the children. Moreover, many parents who accept treatment in any one year may have failed to accept in the previous year, and in such circumstances, many permanent teeth will have become unsaveable owing to the delay in securing treatment.

The extension of the scheme, bringing in new schools, brought under review a number of children who had had no previous dental treatment of any kind and who were found, on inspection to have septic mouths, and required many extractions.

21. It is encouraging to note that in practically all the schools that have been added in recent extensions of the scheme, a 50 per cent. acceptance rate has been reached, and, in most instances, exceeded. It is, perhaps, not unreasonable to hope that, within the next few years, more parents throughout the whole City will be accepting regular treatment than will be refusing it. When this standard has been reached, the number of extractions of permanent teeth will rapidly decline, and the true purpose of the dental scheme, the preservation of the second teeth, will at last begin to be fulfilled.

TONSILS AND ADENOIDS.

22. At the routine examinations of the public elementary school children, the number found to require treatment for unhealthy tonsils or adenoids was 915, which represents a percentage of 2.19 of the children examined.

Apart from the cases discovered at the routine examinations, 501 other children were found to require treatment for one or both of these conditions. In cases where the school medical officers are uncertain whether or not to recommend operative treatment, arrangements are made for them to be seen at the clinic by the specialist. Altogether, 783 of these doubtful cases were referred to him during 1936, and in 399 cases an operation was advised.

23. The treatment was carried out at the Committee's Clinic at the North Dispensary, Vauxhall Road, which was opened on 117 occasions during the year. The total number of cases treated was 1,339, which number included 13 cases from the Special Schools, 4 from the Higher Schools, and 3 Nursery School cases.

The operations were as follows:—

Tonsils only	...	...	...	...	862
Adenoids only	...	...	...	...	119
Tonsils and Adenoids	...	...	...	...	358
					<hr/>
Total					... 1,339
					<hr/>

After operation, the children are retained in a ward at the Clinic, under the supervision of the Resident Medical Officer, who is responsible for certifying their fitness for discharge. On the discharge of the children the parents are given both verbal and printed instructions regarding the after-care, and one of the clinic nurses visits the home of each case subsequently on one or, if necessary, more occasions, in order to see that the children are progressing satisfactorily and that the parents are carrying out the instructions. During the year the nurses paid 2,080 visits to the homes for this purpose.

THE LIVERPOOL CHILD GUIDANCE CLINIC.

24. The School Medical Department acknowledges the valuable co-operation of all the members of the Child Guidance Clinic in undertaking, during the year, the investigation of 50 school children referred to them, 29 of these being boys and 21 girls. The main reasons for these references were on account of behaviour problems, such as "difficult to manage", pilfering, truanting and lying, the remainder being cases of nervousness,

temperamental and educational difficulties. In the majority of cases it was found that there was some underlying cause due to domestic difficulties, such as wrong home treatment, loss of a parent, etc., though the diagnosis was by no means always so simple or the remedy easy, since there were sometimes complex psychological factors also present. Success in treatment depends largely upon the co-operation of the child and the parent, in many cases it is not so much the child who requires guidance, but the parents, and the latter are by no means always willing to co-operate.

CHILDREN AND YOUNG PERSONS ACT.

25. In accordance with arrangements made under Section 35 of the Children and Young Persons Act, medical reports were submitted for the information of the magistrates on 2,161 cases, an increase of 421 over the number supplied in the previous year, and 668 over the number in 1934. In addition to supplying these reports, 21 of these cases were specially examined and reported upon, 18 of these at the request of the magistrates and 3 at the request of the Probation Officer.

ORTHOPÆDIC SCHEME.

26. There has been no change made in the Orthopaedic arrangements, which are working most satisfactorily. There can be no doubt that the scheme is succeeding in diminishing the number of serious cases of crippling which were frequently seen in the past in attendance at the Special Schools.

Under the scheme three orthopædic clinics have been provided, one at the Dingle, one at Walton, and one in the Everton district.

These clinics fulfil a most important part in the scheme, and are used for the following purposes:—

(i) As local inspection centres convenient to the children's homes, to which cases discovered by the school or infant welfare medical officers are referred for special examination by the orthopædic surgeons.

(ii) As treatment centres where massage and remedial exercises are carried out by or under the supervision of the orthopædic nurses.

(iii) As district centres to which children who have been discharged after hospital treatment, can be summoned for periodical supervision by the visiting surgeons.

27. During the year, there were 916 children under supervision at the clinics, 357 of these being new cases, of which number 151 were seen at the Walton Road Clinic, 128 at the Everton Road Clinic, and 78 at the Dingle House Clinic. Altogether the cases made 11,273 attendances, either for examination by the Surgeons or for massage or exercises, the average number of attendances per case for massage or remedial exercises being 21.1.

Arrangements were made for 79 of the cases to be admitted to hospital, whilst 41 cases were referred to hospital for X-ray examination.

The following is a summary of the treatment carried out at the hospitals on cases referred from the Clinics:—

SUMMARY OF HOSPITAL TREATMENT, 1936.

Correction of deformities of feet or toes...	21
Tenotomies or stretching	18
Osteotomies	12
Osteoclasis	1
Treatment of scoliosis by traction ...	2
Reduction of congenital dislocation of hip	5
Other operations	15
General treatment	5
	<hr/>
	79
	<hr/>

28. The following-up of the school cases was done by the Child Welfare Association, whose visitors paid 980 visits to the homes for the purpose of securing the regular attendance of the children at the Clinics and of seeing that the Surgeon's advice as to home treatment was being properly carried out. In 791 instances the Association assisted the parents in the provision of surgical apparatus, special boots, repairs, etc.

29. The accompanying Table shews in detail the work carried out at the Clinics:—

Table 5.

Cases dealt with under the Orthopaedic Scheme during 1936.

Defect.	Cases seen at Surgeon's Visits.								Massage and Remedial Exercises Department.							
	No. of Cases.				No. of Attendances.				No. of Attendances.							
	Clinic.			TOTAL.	Clinic.			TOTAL.	Clinic.			TOTAL.				
	Dingle House.	Walton Road.	Everton Road		Dingle House.	Walton Road.	Everton Road		Dingle House.	Walton Road.	Everton Road.					
Infantile Paralysis	30	37	39	106	79	114	105	298	23	20	25	68	585	458	529	1,572
Cerebral Palsy ...	1	4	8	13	1	15	20	36	—	3	3	6	—	69	61	130
Spastic Paralysis	22	25	38	85	45	83	100	228	15	20	32	67	441	674	675	1,790
Contractures ...	50	60	52	162	94	114	98	306	13	12	6	31	133	80	15	228
Dislocations ...	6	12	10	28	20	33	31	84	5	4	6	15	151	121	174	446
Scoliosis	11	27	28	66	23	77	66	166	9	22	19	50	138	718	399	1,255
Clubfoot ...	1	14	8	23	1	29	22	52	—	6	5	11	—	133	143	276
Feet ...	40	83	66	189	73	200	127	400	15	43	23	81	245	866	299	1,410
Hand deformities	19	30	28	77	49	81	71	201	7	15	16	38	25	339	292	656
Other defects...	28	66	61	155	56	154	122	332	13	26	27	66	414	475	504	1,394
Orthopaedic defect found ...	3	5	4	12	3	5	5	13	—	—	—	—	—	—	—	—
TOTALS ...	211	363	342	916	444	905	767	2,116	100	171	162	433	2,132	3,934	3,091	9,157

Mr.
McFarland's
Report.

30. Mr. McFarland, one of the Surgeons who attend the Clinics, reports:—

“ The work of the Liverpool Orthopædic School Clinics has continued on the lines laid down in previous reports.

“ Generally speaking, the parents are grateful for what is being done for their children, and where there is an obvious defect co-operate willingly with the staff. Without such co-operation, out-patient treatment, such as is given at the clinics, cannot avail very much, and in this connection a difficulty arises in cases of slight defect where the parents are unconvinced of the necessity of treatment, and often not aware of the existence of any defect. It is extremely doubtful whether it is any good trying to help such cases.

“ The usefulness of the Clinics in maintaining control of children and continuity of treatment and correlation of Hospital Services has continued undiminished. In addition to keeping the usual medical records, the cases are also filed under a card index system of diseases, an arrangement which has proved itself of value.”

EVERTON ROAD NURSERY SCHOOL.

31. There is accommodation at this school for 160 children, and the average attendance was 140 or 88·0 per cent. Each child is given a routine medical examination each year, and of 232 children so examined, defects were found in 111 cases (47·8 per cent.), the most common conditions discovered being bronchitis (20·2 per cent.), enlarged tonsils and adenoids (13·3 per cent.), and general debility, including rickets (13·8 per cent.). Treatment was advised in 48 cases (20·6 per cent.). During the year 330 cases attended the adjoining Minor Ailments Clinic for the treatment of cuts, abrasions, etc.

Throughout the year the school remained free from any epidemics of infectious illness.

STAMMERING AND REMEDIAL SPEECH CLASSES.

32. At the routine examinations in the schools 247 children were found by the medical officers to be stammerers, whilst 193

others were brought forward by the teachers for examination as special cases.

The incidence of stammering amongst the children discovered at the routine examination was:—Entrants 0·26 per cent., Intermediates 0·57 per cent., Leavers 0·91 per cent.

33. The classes for stammerers were held at the Richmond Terrace School until May 25th, when they were transferred to a classroom at the Pleasant Street Council School, which is more centrally situated.

On an average there are ten children in each class, experience having shown this number to be the optimum for efficient treatment. Before admission to the classes, each child is examined by one of the school doctors and the class teacher, and an endeavour is made to discover the underlying cause of the stammer, such as any physical defect or environmental circumstance, and, if possible, to remedy or adjust it before the admission of the child to the class.

The schools from which the children are drawn are visited by the teacher, who discusses with the head teachers any special treatment required by the stammerers whilst at their own schools. Reports on the progress and reactions of the children during their ordinary school life are received from time to time by the teacher of the class from the school teachers. Each child is again examined by the school medical officer when considered by the teacher suitable for discharge.

Towards the end of the year arrangements were made for Miss Osmond, the teacher of the classes, to spend one session per week in visiting the homes of the children to advise the parents with regard to the necessary home treatment.

The following are the statistics relating to the classes for stammerers:—

Still under treatment at the end of 1935...	65
New cases admitted during 1936	71
Discharged during 1936—	
Cured	8
Much improved	11
Improved	30
No improvement or unsuitable	15
	— 64

34. The teacher has also held one class for children suffering from speech defects other than stammering. Nearly all of these children were cases of articulatory defects (usually lisping), though there have also been some cases of cleft palate.

The number treated from October, 1935, to the end of 1936 was 24, of whom 4 were cured, 3 improved, and 4 others discharged on account of poor attendance or for medical reasons, leaving 13 on the rolls at the end of the year.

The proportion of boys to girls attending the classes for stammerers and the remedial speech class was approximately 5 to 1.

35. There were some 140 other children on the waiting list at the end of the year suitable for treatment at the stammerers' class, and some 40 suitable for the remedial speech class, and if proper accommodation could be found these numbers are sufficient to justify the opening of a second centre for stammering and other speech defects.

Amongst pupils attending Secondary Schools there were also 66 cases of stammering under observation.

NOTIFICATIONS OF DEFECTS AND ARRANGEMENTS FOR FOLLOWING UP.

36. There has been no change in the scheme for the notification to parents of any defects found at the examination of their children, and the subsequent following up of such notification.

37. The percentages of parents attending the routine examinations were as follows: in the case of Entrants 88·8 per cent., in the case of Intermediates 59·6 per cent., but the percentage of parents attending the medical examinations of the group of Leavers was only 31·1 per cent.

The parents are taking more interest in the medical examinations of their children, as shewn by the increased proportion of parents attending these examinations, the comparative figures for 10 years ago being in the case of the Entrants 75·0 per cent., the Intermediates 38·0 per cent., and the Leavers 12·6 per cent. Should the parents not be present at the time of the examination, and it be considered desirable to discuss the health of their children with them, they are given another opportunity to attend.

38. The accompanying Table 6 shews the number of notices given or sent to parents relating to various defects for which treatment was considered necessary. The numbers for 1935 are given for comparison.

Table 7 gives the results of the following-up by the different agencies undertaking the work.

Table 6.

Notification to Parents *re* Defects.

Defects.	First Notices.		Second Notices.		Third and subsequent Notices.		Totals.	
	1935	1936	1935	1936	1935	1936	1935	1936
Defective Vision :—								
A.—Untreated cases	2,773	3,179	373	354	90	92	3,236	3,625
B.—Previously treated cases :								
(i) Glasses lost, broken, or unsuitable.....	3,599	3,477	79	49	13	1	3,691	3,527
(ii) Glasses not being worn ...	1,046	919	176	127	67	23	1,289	1,069
Eye conditions	147	122	2	1	2	—	151	123
Defective Hearing	51	44	3	2	1	—	55	46
Otorrhœa	76	64	4	2	—	—	80	66
Other Ear conditions	11	17	—	—	—	—	11	17
Enlarged Tonsils and Adenoids ...	1,953	2,176	166	181	51	36	2,170	2,393
Mouth Breathing	2,700	2,788	192	274	45	55	2,937	3,117
Defective Teeth :—								
A.—Referred by School Medical Officers	1,981	2,333	493	492	159	199	2,633	3,024
B.—Referred by School Dentists	54,670	59,334	—	—	—	—	54,670	59,334
Anæmia and Malnutrition	781	693	96	43	25	2	902	738
Skin conditions	73	79	2	4	—	—	75	83
Chest	270	263	3	1	—	—	273	264
Deformities	144	151	6	13	2	1	152	165
Other defects	2,343	3,830	267	311	69	61	2,679	4,202
Totals	72,618	79,469	1,862	1,854	524	470	75,004	81,793

Table 7.
Results of Following-up.

Following-up Agencies.	Carried over from previous year.	Referred during 1936.	Total.	Treated at School Clinics or elsewhere.	Treatment refused or evaded.	Left School, etc.	Total reported upon.	Cases still under observation at end of year.
SCHOOL ATTENDANCE STAFF—								
Vision	737	3,186	3,923	2,165*	680	162	3,007	916
Tonsils and Adenoids ...	160	1,166	1,326	534*	501	41	1,076	250
Ringworm of Scalp ... (<i>re</i> X-Ray treatment)	4	26	30	24*	3	—	27	3
HEALTH VISITORS' STAFF—								
Medical defects ...	20	2,580	2,600	2,153	418	1	2,572	28
General defects ...	163	3,566	3,729	3,122	—	—	3,122	607
Verminous ...	1,336	26,447	27,783	24,236	—	—	24,236	3,547
CHILD WELFARE ASSOCIATION—								
Medical defects ...	273	1,558	1,831	1,018	627	—	1,645	186
OTHER AGENCIES—								
Medical defects ...	—	30	30	25	2	1	28	—

* These figures do not represent the total number treated at the Clinics since in a large number of cases no following-up was necessary

CHILD WELFARE ASSOCIATION.

39. In addition to the official following-up agencies, the Child Welfare Association has continued to render very valuable assistance in the direction of securing convalescent treatment, surgical treatment, or appliances, and providing special tonics or extra nourishment for children requiring such treatment; in all, 1,558 cases were referred to the Association during the year.

PARENTS' PAYMENTS.

40. The Committee only provide their facilities for treatment for those children whose parents are not in a position to afford to obtain such treatment privately. Treatment is not carried out until a statement to this effect, signed by the parents, has been received.

The charges made by the Committee are as follows:—

Defective vision (including provision of glasses) ...	7/6
If re-examination is necessary within 1 year no additional charge is made.	
If after 1 year (including provision of glasses) ...	6/-
Tonsils and Adenoids	10/-
X-Ray treatment for Scalp Ringworm	10/-
Dental treatment	6d.

The following amounts were received during the year as parental contributions towards the cost of treatment for:—

Defective Vision	983	7	11
Dental Defects	632	19	7
Tonsils and Adenoids	410	4	3
Ringworm of Scalp	3	11	6
Total ...	£2,030	3	3

Except in the case of Dental treatment, the fees may be paid by instalments after the treatment has been obtained.

In cases of financial hardship, the cases are considered by a Special Sub-Committee, and free treatment authorised or such

reductions made as will meet the special circumstances. Free treatment was given for defective vision in 24·8 per cent. of the cases, and for tonsils and adenoids in 20·7 per cent. of the cases.

In cases of wilful neglect to make payments, legal proceedings are instituted. During the year legal proceedings were taken in 73 instances, as against 188 during the previous year.

The same charges are made for the treatment of pupils attending Higher Schools, but arrangements for dental treatment for these pupils have not been provided by the Committee.

DEFECTIVE VISION.

41. The number of children with defective vision, found at the routine examination of the Intermediates and Leavers, was 5,602 (20·83 per cent.), but only 2,292 of these, or 8·5 per cent. of the total were found to be in need of treatment, most of the remainder having been already supplied with glasses. During the medical examination of the entrants, routine testing of the eyesight by means of test types is not undertaken, owing to the fact that most of the children are unfamiliar with the letters on these test types, but if there be any reason to suspect that these young children have defects of vision, or if any tendency to squint be observed, the parents are notified. Altogether, 712 of the entrants were suspected of having defective vision, 612 of these shewing evidence of squint. In addition to the cases found amongst the children in the routine age groups, 1,631 were seen as special cases.

42. All cases of defective vision are kept under regular supervision at the medical re-inspections, and 10,617 children, who had been provided with glasses, were re-inspected with a view to finding out whether the children should be sent to the clinics for further examination as to whether or not any change of lenses has become necessary. At these re-inspections, 3,601 (33·9 per cent.) were found not to be wearing their glasses, the percentage being the same as that recorded in the previous year.

43. The number of new cases treated under the Committee's scheme was 2,871, whilst 126 children were treated privately or at hospitals. The number re-examined at the clinics was 2,706.

An additional Eye Clinic was opened in August at Dovecot to serve the needs of this new housing area.

Dr. Livsey, the oculist at the clinics, reports an increase in the number of secondary school children attending the clinics on account of myopia brought on by the increased use of the eyes in connection with studying for scholarships, etc.

44. There have been no cases of trachoma at the clinics during the year, nor of serious corneal ulceration, due, Dr. Livsey thinks in the latter case, to the early and continuous treatment of the cases at the minor ailments clinics.

Phlyctenular ulcers are much less frequently seen, which Dr. Livsey attributes to the improved nutrition of the children as compared with those attending the clinics in previous years.

45. Under the arrangements made with the Hospitals Committee for the treatment of squint in pre-school children, 235 children were examined by the oculists, and glasses were provided in 208 of these cases.

MINOR AILMENTS.

46. During the year, 35,510 cases were treated at the Minor Ailments Clinics, and altogether 419,823 attendances were made by the children, the average number of attendances made per child being 11·8.

An additional minor ailments clinic was opened in August to serve the new housing area at Dovecot, and the clinic in Erskine Street was closed at the end of June, being replaced in September by a new clinic in the Hall of the Moss Street Methodist Church.

47. The following Table shews the number of the most common types of defects treated, and the average daily attendance at the various clinics:—

Table 8.

Shewing the number of defects treated at the Minor Ailments Clinics and the average daily attendance at each Clinic.

DEFECTS TREATED	NAME OF CLINIC.											TOTALS.
	Everton Road	Northumberland Street.	North Corporation.	Norris Green	Erskine Street.*	Westminster Road.	Moss Street †	St. Dunstan's.	Dovecot ‡	Old Swan	Garston	
SKIN DEFECTS—												
Ringworm of the Body	27	51	25	12	11	40	2	7	3	17	2	197
Impetigo...	98	341	178	242	150	402	96	423	10	68	44	2,052
Other Defects ...	96	98	357	406	94	125	66	118	32	63	14	1,469
EAR CONDITIONS—												
Wax ...	25	45	48	48	15	84	9	66	—	9	25	374
Otorrhoea ...	252	239	190	280	147	354	42	163	57	90	64	1,878
Other Defects ...	235	148	69	131	25	112	13	40	57	50	17	897
EXTERNAL EYE DISEASE—	866	704	735	307	253	289	80	236	109	184	72	3,835
MISCELLANEOUS DEFECTS— (Sores, Minor Injuries, etc.)	4,688	4,887	3,555	2,903	1,178	1,981	399	1,904	750	1,354	1,209	24 808
TOTALS ...	6,287	6,513	5,157	4,329	1,873	3,387	707	2,957	1,018	1,835	1,447	35,510
Average daily attendance ...	282·8	238·8	201·9	173·9	137·9	121·5	111·6	109·6	104·6	84·6	68·1	1,413·7
Average daily attendance ... (excluding Saturdays)	327·1	277·0	234·2	200·0	160·3	141·1	127·8	123·6	117·9	97·9	77·7	1,633·6

* Closed June 30th.

† Opened September 1st.

‡ Opened August 10th.

Scabies.

48. Scabies was still prevalent, and shewed some increase, 983 new cases amongst school children being reported, as compared with 871 in 1935, and 714 in 1934. Treatment facilities were provided at three of the Health Committee's cleansing stations, where, in addition to school children, pre-school children and older female members of the families who were also affected, were treated. In all, 346 school children, 49 adults, and 53 children under school age, were treated at these clinics.

The school medical officers kept the children affected under regular supervision, seeing them mostly on Saturday mornings. For this purpose, 1,716 re-inspections were made, 941 children being re-admitted to school.

At the end of the year there were 241 cases still under observation.

**Ringworm
of Scalp.**

49. During the year, the number of cases reported as ringworm of the scalp was 48, of which number 8 were found, after examination, not to be ringworm. There were thus 40 actual cases of the disease, as compared with 63 during the previous year. Including 30 cases which were still uncured at the end of 1935, there have been 78 cases under treatment during 1936, of which 60 were cured and readmitted to school before the end of the year.

Since the Committee, in 1913, opened their own clinic for the treatment of this disease by means of X-rays, there has been a steady decline in its incidence, and the clinic was closed at the end of 1934, arrangements having been made with the Hospitals Committee to give X-ray treatment at the Belmont Institution, and during the year, 22 school cases were treated there.

AURAL CLINICS.

50. The work at the Aural Clinics has been conducted on similar lines to those of preceding years. There are three Aural Clinics, one at Blackstock Street (three sessions per week), one at Everton Road (two sessions per week), and one at Norris Green (one session per week).

During the year, 45 cases of mastoid disease were referred to hospital, as being in need of operation.

Table 9.

AURAL CLINIC STATISTICS.

[illegible]

Granulations and polypi	142
Mastoiditis and caries	96
Tonsils and Adenoids	136
Post mastoid operations	42
Rhinitis and other nasal conditions			134
Deafness	11
Other conditions :—External otitis, eczema, etc.					88

TREATMENT.

Number treated by Zinc Ionisation	...	...	...	660 children (763 ears)
Number of ears cured	...	...	...	568 (74·4%)
Number of ears improved	...	...	...	19
Number treated by antiseptic methods	...	...	...	208 children (249 ears)
Number of ears cured	...	...	...	112 (45%)
Number of ears improved	...	...	...	9
Referred to M.A. Clinics for daily treatment	...	...	...	121
Referred to Hospital	...	...	...	53
Referred to Tonsils and Adenoids Clinic	...	...	...	97
Home treatment advised—prescriptions given	...	...	...	183
Treatment refused or cases impossible to treat	...	...	...	12

TUBERCULOSIS.

51. At the routine inspections in the schools there were discovered one definite case of phthisis, 77 cases of tuberculous glands, and 73 cases of other forms of tuberculosis, a total of 151 cases, or 0·36 per cent. amongst the routine cases examined.

There were also seen at the inspection clinics, or as special cases at the schools, 5 definite or suspected pulmonary cases, and 75 cases of other forms of tuberculosis.

52. All the cases of actual or suspected tuberculosis discovered by the school medical officers were referred to the tuberculosis officers for examination. The number of references so made was 108, whilst the Tuberculosis Department supplied information with reference to 1,914 school children who had been reported from other sources as possible cases of tuberculosis, but the majority of these, however, proved to be non-tuberculous.

53. At the end of the year, the total number of children of school age known to the department to be suffering from active pulmonary tuberculosis was 115, 75 of these being at the Cleaver Sanatorium, where classes were arranged for those children whose state of health permitted their attendance.

There were also 191 non-pulmonary cases, of which number 64 were in Cleaver Sanatorium, 12 were in Fazakerley Sanatorium, 35 in Alder Hey Hospital, and 5 in Leasowe.

54. Dr. Clark, the Chief Assistant Tuberculosis Officer, states that: “ During 1936, 3,147 reports were issued by the tuberculosis officers in respect of school children examined at the tuberculosis clinics.

“ The closest liaison now obtains between the School Medical Officer and the Tuberculosis Officer thus permitting of a more intensive investigation of ‘ contacts ’, which is one of the most important functions of the Tuberculosis scheme. In addition to this, increasing efforts are being directed towards the segregation and supervision of adult cases of pulmonary tuberculosis of an infectious type, whilst stricter supervision of milk supplies combined with improved social conditions and modern methods of treatment must in due course lead to a further decline in the death rate from tuberculosis amongst school children.”

INFECTIOUS DISEASES IN SCHOOLS.

55. The number of cases of infectious disease reported amongst children of school age during the year was 2,618 less than in the previous year, 7,867 cases having been reported as against 13,624 and 10,485 for the years 1934 and 1935 respectively.

The reduction was greatest in the cases of mumps, chickenpox and measles. Diphtheria showed a reduction of 102 cases, 1,465 cases being reported as against 1,567 during the previous year.

One school was closed for two weeks during the year owing to the prevalence of measles and mumps. This course was taken as the school was of a “ rural ” type, and was attended by scholars from a wide and scattered area.

56. The arrangements introduced in 1932 for the inoculation of children attending the infants’ departments of public elementary schools were continued. Visits for this purpose were paid to 80 schools.

The response varied considerably in the different schools, but taking the schools as a whole, approximately 28 per cent. of the infants attending were inoculated.

The total number of school children inoculated at the schools was 6,251. In addition, several hundred children of school age were inoculated at the two immunisation clinics, held at the Carnegie Welfare Centre and the Norris Green Clinic.

57. The following Tables show the number of cases of the common infectious diseases, with the ages of the children affected and the monthly distribution of the cases.

Table 10.

SCHOOL CASES OF INFECTIOUS DISEASE.

Age Distribution.

Disease.	Under 5	Under 6	Under 7	Under 8	Under 9	Under 10	Under 11	Under 12	Under 13	Under 14	Over 14	Totals
Diphtheria ...	63	246	240	213	146	145	104	102	117	70	19	1,465
Scarlet Fever ...	37	192	174	158	113	75	62	53	49	20	24	957
Measles ...	195	1,299	862	362	125	96	58	58	35	28	21	3,139
Whooping Cough ...	32	203	129	47	18	7	3	2	3	—	—	444
Chicken Pox ...	85	321	296	225	109	60	44	29	30	15	10	1,224
Mumps ...	24	146	181	118	58	43	25	15	15	10	3	638
Totals ...	436	2,407	1,882	1,123	569	426	296	259	249	143	77	7,867

Table 11.

SCHOOL CASES OF INFECTIOUS DISEASE.

Monthly Distribution.

Disease.	Jan.	Feb.	March.	April.	May.	June.	July.	August.	Sept.	Oct.	Nov.	Dec.	Totals.
Diphtheria ...	106	114	99	80	95	95	75	114	160	180	169	178	1,465
Scarlet Fever ...	77	79	95	97	96	77	57	59	63	93	74	90	957
Measles ...	1,017	962	379	215	239	137	62	22	28	27	16	35	3,139
Whooping Cough ...	63	89	77	29	71	25	1	16	21	18	15	19	444
Chicken Pox ...	113	106	104	55	105	174	52	35	83	94	132	171	1,224
Mumps ...	102	86	47	24	52	21	7	10	53	53	99	84	638
Totals ...	1,478	1,436	801	500	658	529	254	256	408	465	505	577	7,867

UNCLEANLINESS.

58. The percentage of boys discovered with infection of the head at the routine examinations was 4·0; amongst the girls the figure was 14·4 per cent.

The prevalence of cases of verminous infection of the body and clothing is considerably less, the figure in the case of the boys being ·17 per cent., whilst in the case of the girls the figure was even smaller, viz., ·09 per cent. In addition to the above, 2·9 per cent. of the boys and 2·06 per cent. of the girls were found to have dirty bodies or clothing.

59. The school nurses made 293,324 examinations of the children *re* cleanliness, and in 19,986 instances the children were found to be verminous or very dirty. In the case of 74 children, statutory notices were served upon the parents owing to their failure to cleanse their children after previous notifications, and 14 children had to be compulsorily cleansed by the staff. It was not, however, found necessary to take legal proceedings in any of the cases.

There are six Cleansing Stations, which are so situated as to meet fairly satisfactorily the needs of all the areas of the City. The total number of attendances made at these stations during the year was 43,801, of which number 35,680 were on account of verminous conditions.

By arrangement with the Baths Committee, slipper and spray baths in 13 of the Public Baths were made available for the use of the school children, in seven for the winter months only, and in six throughout the year. During the winter months, 21,448 attendances were made, and 10,930 during the summer months.

EXCLUSIONS FROM SCHOOL.

60. The following Table shews the number of children excluded from school by the medical officers, and the defects for which they were excluded, the numbers for the preceding three years are also given for comparison.

The number of children who had to be excluded on account of eye affections has shewn a further increase.

Table 12.

Defect.	1933.	1934.	1935.	1936.
Eye diseases	308	135	452	534
Scabies	430	375	434	524
Ringworm of body	9	4	7	4
Ringworm of scalp	65	45	37	19
Other skin conditions	164	135	144	138
Infectious diseases	356	273	228	147
Pediculosis	9	20	13	11
Chest conditions (non-tuberculous)	73	66	37	21
Tuberculosis (all forms)	9	7	7	10
Otorrhoea	27	16	29	21
Miscellaneous	527	550	396	422
TOTALS	1,977	1,626	1,784	1,851

INSPECTION CLINICS.

61. The arrangements have been continued for the examination, by the school medical officers, of the children absent from school for any prolonged period, except such as are known to be under regular medical care.

These examinations are mainly carried out on Saturday mornings and during school holidays, at various centres distributed over the City. The defects from which the children were suffering, the number of examinations made, and the number of children re-admitted to school are shewn in the following Table:—

Table 13.
Examination of Absentees.

DEFECT.	Total number of examinations.	Children re-admitted to school.
Ringworm of Scalp	77	20
Scabies	2,033	860
Other skin conditions	93	51
Eye diseases	106	16
Deafness	2	—
Ear diseases	20	4
Phthisis and suspected phthisis	14	—
Other chest conditions	282	89
Tuberculosis other than Phthisis	72	17
Injuries and other Crippling Defects	124	30
Heart Disease	169	40
Rheumatism	129	48
Heart Disease and Rheumatism	171	20
Anaemia and Debility	327	100
Nervous conditions	288	88
Other defects	189	66
No defect found	1	1
TOTALS	4,097	1,450

In addition to the above, the school medical officers examined, at the Central Inspection Clinic at the Education Office and at Garston, children applying for certificates for employment and for this purpose 1,053 examinations were made.

62. A considerable number of parents call at the office on matters concerning the health of their children, and during 1936

the school medical officers examined 5,068 such cases. Enquiries were also made at the Central Office by parents with regard to dental treatment in the case of 2,166 children, arrangements having been made for a school dentist to be on duty at the office each afternoon after he has finished his session at the dental clinic.

VACCINATION.

63. The following Table, based on the results of observations made during routine inspections, shews the proportion of vaccinated and unvaccinated children in the public elementary and higher schools. In the case of the vaccinated children, the number of vaccination marks is also shewn. In the case of the entrants in the public elementary schools the percentage of children shewing one mark only was 65·7 as compared with 46·2 in 1935.

The percentage of unvaccinated children in the public elementary schools was 21·1, the figures for the preceding five years being 22·7, 22·7, 21·3, 20·3 and 20·6; the corresponding figures for the children attending the higher schools were 24·9, 25·9, 22·0, 19·3, 19·2 and 16·6.

Table 14.

Code Group.	Number examined.	VACCINATED.					Not Vaccinated.
		One mark.	Two marks.	Three marks.	Four marks.	TOTAL.	
PUBLIC ELEMENTARY SCHOOLS.							
Entrants	14,374	65·7%	7·3%	0·7%	3·6%	77·3%	22·7%
Intermediates ...	13,378	21·0%	12·6%	3·9%	40·5%	78·0%	22·0%
Leavers	12,793	19·0%	9·7%	4·6%	48·4%	81·7%	18·3%
TOTAL	40,545	36·2%	9·0%	3·0%	29·9%	78·9%	21·1%
HIGHER SCHOOLS.							
All ages	6,738	24·9%	23·6%	7·4%	19·2%	75·1%	24·9%

SCHOOL PREMISES.

64. The school medical officers, on the completion of their annual routine examinations at the schools, make reports on the condition of the premises with regard to such items as the efficiency of the heating, lighting, ventilation, condition of playgrounds, etc., and references with regard to all defects found are referred to the appropriate quarters, when considered necessary. The district sanitary inspectors also make periodical visits to all public elementary schools for the purpose of inspecting the sanitary arrangements.

The Surveyor has kindly supplied the following particulars relating to improvements made in connection with public elementary schools during the year:—

LIST OF IMPROVEMENTS MADE IN VARIOUS SCHOOLS DURING 1936.

Installation of Electric Lighting in place of Gas Lighting.

Arnot Street Council School.
 Brae Street Council School.
 Chatsworth Street Council School.
 Heyworth Street Council School.
 Northcote Road Council School.
 Rathbone Council School.
 Little Woolton and Childwall C.E. School.
 St. Malachy's R.C. School.

Reconstruction of Playgrounds.

North Way Council School (Asphalting Girls' playground).
 Friary R.C. School (Reconstructing Boys' playground).

New Heating Boilers.

Arnot Street Council School.
 Daisy Street Council School (including new bath boiler).
 Leamington Road Council School.
 Loraine Street Council School.
 Queens Road Council School.
 Steers Street Council School.
 Wellington Road Council School.
 Much Woolton R.C. School.
 Our Lady's R.C. School, Titchfield Street.
 Our Lady of Mount Carmel School.
 St. Clare's R.C. School.
 St. Gerard's R.C. School.
 St. Peter's C.E. School.
 Vine Street Methodist School.

Re-Flooring, etc.

Wellesbourne Road Council School (Planing boards of corridor floor and covering with 2-ply Red Ruberoid).

Dovecot Council School (Winstone Road) (Planing boards of corridor floor and covering with 2-ply Red Ruberoid).

Corinthian Avenue Council School (Planing boards of corridor floor and covering with 2-ply Red Ruberoid).

Arnot Street Council School—Junior Boys' (Re-flooring, removing galleries and fixing folding screen, etc.).

Gwladys Street Council School—Boys' (Re-flooring four classrooms).

All Saints' C.E. School—Juniors and Infants' (Re-flooring).

St. Alban's R.C. School (Re-flooring).

St. Athanasius' C.E. School (Re-flooring).

PROVISION OF MEALS.

65. Under Sections 82-85 of the Education Act, 1921, free dinners have been provided for necessitous school children on week-days, both during term time and school holidays. The meals were cooked and served at certain centres, as shewn below:—

COOKING CENTRES.

Addison Street Day Approved School.
Queensland Street Senior Special School.
Richmond School, Richmond Terrace.
Dingle Lane Special School.
Northumberland Street School.
"Underlea," Sudley Road.
Walton Road School.

DINING CENTRES.

Ackers Hall Council School, Maidford Road. (Closed 8.8.36).
Addison Street Day Approved School. (Closed 3.10.36).
Banks Road Council School.
Queensland Street Senior Special School.
26, Richmond Terrace.
Dingle Lane Special School.
Northumberland Street School.
Chalmers Hall, Westminster Road.
St. Titus' Hall, Portland Street. (Closed 3.10.36).
"Caledonian" School, Oldham Street.
St. Aidan's Hall, Commercial Road.
"Major Lester" Council School, Sherlock Street.
Heyworth Street Council School. (Closed 8.8.36).
Presbyterian Church of England Hall, Green Lane.
Norris Green Schools Meals Centre.
"Underlea," Sudley Road.
Wellington Road Congregational Mission Hall.
30, Cleveland Square.

66. There were at the end of the year four local caterers in the outskirts, who supplied meals for small groups of children, who, owing to distance, could not attend one of the Committee's main dining centres.

67. Arrangements were made, pending the opening of the Central Kitchen, for necessitous scholars attending the Arundel and Anfield St. Margaret's Central Schools to have their meals at the central school dining centres.

68. The Committee have made arrangements whereby certain school children, whose parents' incomes are in excess of the adopted scale, may have meals on payment where there are no facilities for providing meals at home, e.g., in the case of widowers, or widows out working during the day, the amount to be charged being assessed by the Rota (Meals) Sub-Committee.

The Public Assistance Committee are supplied with particulars of all children receiving free meals when the parents are in receipt of relief.

There were 178 schools out of a total of 196 elementary schools in the City in which free meal coupons were issued to necessitous school children, as compared with 176 out of 196 elementary schools in the City last year.

69. The Dining Centres were open on 313 days during the year, and the total number of meals supplied was 1,075,596, as compared with 946,612 in 1935, the daily average number of children who received meals being 3436·4, or 392 more than the daily average for 1935.

The weekly number of meals provided varied during the year, the highest being 24,723 in November, and the lowest 15,105 in August, when the schools were closed for the Midsummer vacation.

70. Particulars of cases recommended for meals by the school medical officer are forwarded to the Director, who causes enquiry

to be made into the home circumstances by the school attendance officers, and if, in the opinion of the Committee, the income of the parents or guardians be adequate they are asked to pay for the meals provided.

71. During the period under review the Sub-Committee have given careful consideration both to the question of providing additional dining centres in consequence of the overcrowding of existing centres, and of replacing unsuitable centres.

To meet the needs for children's meals in the Dovecot Housing Area, a dining centre was built at the corner of Longreach Road and Lunsford Road at a cost of £3,991, and the temporary use of an assembly hall at the Ackers Hall Council School was discontinued.

In view of the sale of the Addison Street premises, and the need for more suitable premises than the St. Titus' Hall, Portland Street, the Education Committee purchased, for the sum of £1,635, the former Medical Mission building at 202-208, Burlington Street, for use as a dining centre and also as a dental clinic.

The Dining Centre formerly held in the basement of the Heyworth Street Council School was transferred to the adjoining Everton Terrace Council School.

Arrangements were made also for the tenancies of the following premises as dining centres:—

- Girls' Club, 61, Shaw Street.
- Salvation Army Hall, China Street.
- St. John's Church Hall, Steble Street.
- St. Luke's Church Hall, Goodison Road.
- Salvation Army Hall, Longmoor Lane.
- Sacred Heart Hall, Doddridge Street.
- St. Mary's Church Hall, Kinglake Street.

At the end of the year negotiations were also being made for the tenancy of premises as centres at Dinorben Street, Park Road and Fountains Road. The Housing Committee have also been asked to reserve, for use as dining centres, accommodation in the

development schemes in St. James Street and St. Andrew's Gardens, to replace the centre held at the Cleveland Square, Oldham Street and Northumberland Street Junior Instruction Centres, respectively.

72. In 1934, the Committee decided to modernise the system of school meals, and as a first step to centralise the kitchen work with a view both to improving output and economising staff. A site of rather over half-an-acre was secured near the geographical centre of the City, in Green Lane, which is conveniently accessible from all parts. A building has been placed centrally on the site with room for a large delivery yard at one end and a despatch yard at the other. The building comprises a large and lofty central kitchen, 90ft. x 50ft., on either side of which are other rooms for use as flour store, grocery store, refrigerators (two), bakery, jam store, Committee room, office and staff rooms. Every care has been taken to place these rooms in the positions most convenient for working. At one end of the building is a despatch platform at which several despatch motor vans can be loaded simultaneously.

The equipment includes the most up-to-date appliances for large scale preparation of food, such as electric potato-peelers, dough mixers, etc. Gas is used as fuel throughout. The kitchen equipment includes 12 boiling pans, with a total capacity of 1,000 gallons, 11 of these being heated by steam, generated in two gas-fired "Cochran" boilers. There are 15 gas-heated ovens, including a double-decker confectioner's oven, a large central range, and 7 steamers.

The cooked food will be placed in jacketed metal containers and transported by motor-van to the dining centres.

The kitchen, when working to full capacity, can supply 10,000 two-course dinners each day.

The contract price for the building was £13,204, and the equipment cost £3,000 more. The cooking appliances have been supplied on hire and fitted by the Liverpool Gas Company.

73. The Milk Marketing Board's scheme is organised by **Milk Scheme** the teachers on a voluntary milk club basis, the arrangements with the contractors for the delivery of the milk being made by the head teachers.

The source and quality of the milk issued to the school children must be approved by the Medical Officer of Health. So far as the Liverpool schools are concerned, pasteurised milk only may be provided under the scheme.

The total number of free milk meals issued during the year was 4,105,179, which is a considerable increase over the 2,621,159 milk meals provided in the previous year.

The number of schools participating in the scheme for the period under review was 190, milk being supplied by 16 milk contractors.

SPECIAL SCHOOLS.

74. The total number of children at the end of the year who **School for the Blind.** had been certified as blind was 33, of whom 26 were attending Wavertree School for the Blind, and four, the Roman Catholic School for the Blind, Brunswick Road, and 2 were not at any school.

75. Classes for partially sighted children are maintained at **Classes for the Partially Sighted** the Birchfield Road Council School, St. James' Council School, Christ Church C.E. Elementary School, and Underlea Day Open-Air School. The number on the rolls at these classes at the end of the year was 104, the average attendance being 92·3. Of the 104 children attending the classes, 41 (or 39·4 per cent.) were admitted on account of marked myopia, or myopia associated with other defects.

The association of these classes with elementary schools has been the Liverpool practice since the classes were established, and in the Board of Education's Report on the Partially Sighted this is the type of organisation recommended. One of the

chief reasons for having these classes in elementary schools is to enable the partially-sighted children to share as fully as possible in the corporate life of the school. To a certain extent this is achieved by having them attend the ordinary classes for certain subjects, such as History and Geography, but of greater importance from this point of view is the participation of these children in the more social activities—in play, school house organisation and competitions, and such special occasions as celebrations and journeys. This is achieved in varying ways in each school, and it is interesting to note that in several of the schools the house captains, elected by the vote of the children, number among them some partially sighted children.

This in itself indicates that these children are accepted naturally as part of the school community, and that the personal popularity of some of them with their fellow pupils has not been diminished, as one might expect, by them being handicapped in games.

It has, however, been a drawback to these children both physically and socially, that in the past they were severely restricted in physical exercises and games. In the past year, in accordance with the recommendation of the Board of Education, and of the Committee's Oculist, an attempt has been made to give them more physical training of a normal type and, where possible, along with the ordinary classes.

The Oculist has carefully graded these children into three groups:—

- (i) Those who should do little or no exercise.
- (ii) Those who may do exercises that do not involve violent movement or bending.
- (iii) Those who may take part, as fully as their sight will allow, in the ordinary physical training of the school.

Conditions for physical training vary in the different schools, but as far as possible all the children in the third group are joining

with the ordinary classes in this work, though they have had to be excluded from apparatus work for the safety of themselves and others.

It is interesting to note that since this classification has been adopted, the teachers have realised more clearly the ocular condition of the two main groups in the partially sighted classes, viz. :—

(1) Those whose defect of vision may be progressive and increased by physical strain or undue ocular work in the classroom and whose use of vision therefore must be restricted.

(2) Those whose defect of vision is not progressive, but necessitates the provision of special teaching equipment to enable them to see well enough to learn.

It is the children who belong to the latter group who are allowed to take part as fully as possible in the physical training of the ordinary school.

The inclusion of these children in the ordinary classes and corporate life of the elementary school demands from the officers and teachers concerned much thought and tactful co-operation, and Liverpool is particularly fortunate in this respect.

76. The Education Committee's School for the Deaf at Crown Street is the largest day school for deaf children in the country, and has accommodation for 200 scholars. Children attend not only from the Liverpool area, but also from other Merseyside boroughs, North Wales, various parts of south Lancashire, etc., the neighbouring Institution in Oxford Street providing residential accommodation for those children who live too far away from the school to attend as day-scholars.

School
for the
Deaf.

The school makes provision not only for children who are born totally deaf and for children who, as the result of disease, have completely lost their hearing during childhood, but also for those children who have a certain amount of residual hearing.

The Medical Officer is indebted to Mr. F. L. Denmark, the Headmaster of the Crown Street School for the Deaf, for his assistance in the compilation of the remainder of this section.

Under the Education Act of 1921, the period of compulsory education of deaf children is from 7-16 years of age, but the Board of Education approves for purposes of grant, the admission of deaf children from the age of two years onwards, and many local authorities, when the parents are willing, avail themselves of the opportunity of securing education for deaf children before the compulsory age. During the period when, in the case of normal children, hearing is the stimulus which leads to the development of speech, congenitally deaf children are precluded from the benefits of such auditory stimuli, and to such children the advantage of commencing their education at the earliest possible age cannot be over-estimated.

77. In addition to the congenitally deaf there is a large group of children with varying degrees of deafness, mainly caused by suppurative otitis media, whose age at entry into the school depends upon their age at the time of onset of their deafness. These children have varying degrees of speech and knowledge of the English language, and therefore present quite a different educational problem from that of the congenitally deaf. There is also a small group of totally deaf children who, after acquiring speech and a knowledge of language, have lost their hearing completely. As these children have more in common educationally with the partially deaf than with the congenitally deaf they are taught with the partially deaf group.

78. The introduction of wireless apparatus has indirectly proved of benefit to deaf people, several forms of electrical sound amplifiers having been devised as aids to their hearing. For a proper understanding of how any such electrical apparatus can be of assistance to the deaf it is necessary to have some knowledge of the physical properties of sound and of the processes involved in the appreciation of hearing.

Sound waves, such as those set up by speech, are of a complicated nature consisting of a multiplicity of air waves vibrating at different speeds or frequencies, and normal hearing is dependent upon all the auditory nerve endings in the inner ear functioning properly, so that the different wave vibrations concerned in speech may all be recognised and differentiated.

Deafness is a relative term, not only in the general sense, but also within the range of the various sound vibrations, which are capable of being appreciated by the human ear, and in this connection cases of deafness can be broadly divided into the four following types:—

(a) Those in which there is a more or less equal loss of hearing at all the different pitches.

(b) Those in which the deafness is more pronounced for lower pitched sounds.

(c) Those in which the deafness is more pronounced for middle pitched sounds.

(d) Those in which the deafness is more pronounced for higher pitched sounds.

Again, the type of deafness may be quite different in each ear. Thus, one ear may be deficient in appreciating the high tones and the other ear in appreciating the low tones, whilst the degree of deafness may also be different in each ear.

The Crown Street School is provided with a special amplifying apparatus, to which are attached 12 pairs of headphones, and by special adjustment each pair of headphones can be made to magnify specially the particular frequencies to which the child is most deaf. One of the classrooms has been heavily curtained, and the floor has been covered with cork lino in order to make the room partially sound-proof. The apparatus can be used as an amplifier of the teacher's voice and as a wireless apparatus or as a gramophone.

In order that the amplifying apparatus may be set to the best advantage for each child, the hearing is first tested by a pure tone audiometer in order to ascertain the degree of deafness in each ear at the low, middle and high frequencies.

This Audiometer is an electrical instrument which generates pure tones at various pitches at octave intervals spread over the whole range of normal hearing. The instrument has a telephone connected to it, and each ear is separately tested, a volume regulating dial being moved until the child just fails to hear the sound emitted at each of the pitches in turn. When this point is reached, the reading on the instrument indicates in units, known as *decibels*, the amount of hearing loss for the particular pitch. The child is tested at eight different pitches, and the results are plotted out for each ear separately on a chart—known as an Audiogram.

Generally speaking, children with an average loss of hearing up to 25 decibels can remain in the elementary schools, provided that they are seated in the front rows of their classes. Those with a loss of between 25 and 50 decibels form a group of partially deaf children, who, though not bad enough to attend a school for the deaf, are suitable for teaching in special classes and for training by hearing aids, whilst those with a loss of between 50 and 100 decibels form the majority of the children in a school for deaf children, and benefit considerably by the use of hearing aids.

As far as possible the teaching of children with residual hearing and of those who have lost their hearing after acquiring speech and a knowledge of the English language, is taken in separate classrooms, as there is, both from the psychological and teaching points of view, a great difference between these two types of children.

79. The chief educational difficulties connected with born deaf children are the teaching of speech reading, the acquisition of the English language and the teaching of speech. The children

must also be educated in the usual subjects of the ordinary curriculum of the elementary schools, but towards the end of the school career the teaching should develop a vocational bias in order to prepare them for entry into industrial life.

Vocational training centres for children over the age of sixteen years have been established by the Committee of the Liverpool School for the Deaf on their premises in Oxford Street, and in the teaching of handwork subjects in the Crown Street School, an endeavour is made to prepare children as far as possible for this more advanced vocational training, the subjects taught being woodwork for boys, and dressmaking and pre-vocational laundry training for the girls.

The physical well-being of the children is well cared for, the school games including football, cricket, and swimming for the boys, and baseball, netball and hockey for the girls. The boys also have their Boy Scout Group, and the girls their Girl Guide Group.

One of the most notable features of the school is the happiness of the children. Occasionally when a child becomes deaf, say, after the age of twelve years, there is naturally a feeling of depression from the loss of hearing, but those children who have never heard or who have only heard imperfectly, and have never known what it is to possess perfect speech do not suffer from this sense of depression, and work cheerfully at their tasks, endeavouring to overcome their difficulties.

80. It is the duty of the local education authority to “ascertain” what children by reason of mental defect are incapable of receiving proper benefit from the instruction in the ordinary public elementary schools, and to provide special schools or classes for such of these children as are educable. The cases, the majority of which are referred for ascertainment by the school medical officers, are examined by the Certifying Officer and the Inspectress of Special Schools.

Ascertainment of Mentally Defective Children.

Usually the child and its parent are seen in the first instance by the Certifying Officer, who investigates the case history and examines the child both physically and mentally. Sometimes a decision is arrived at on the first examination, but more often the child and parent are again seen a few weeks later both by the Certifying Officer and the Inspectress, when the latter gives further tests. After this examination a decision is made, the child being certified as feeble-minded and fit for special school or for probation in a special school, or being allowed to attend an elementary or open-air school for 6 or 12 months, or signed up as merely dull or backward, etc. In borderline cases of imbecility in younger children a probationary period is arranged for at the special schools.

At each examination the Certifying Officer has available the school medical record of the child, a report on the child by the head teacher as well as any other reports that may be of assistance, such as those from the Child Guidance Clinics or School Attendance Department.

81. In addition to these arrangements a new practice was given a trial during the year. It was felt that too few children were being referred for examination, possibly due in some cases to a reluctance on the part of head teachers to suggest that the children might be feeble-minded, and possibly also to the fact that some head teachers did not know the reasons why children whom they had previously referred on account of marked educational backwardness had not been sent to special schools. This view is strengthened by the fact that in a large number of cases referred the chief difficulty was that of reading.

The new procedure attempts both to achieve a fuller measure of ascertainment and to promote helpful co-operation between the head teachers and the officers concerned with the certification. The procedure is as follows:—

When considered advisable, arrangements are made as a preliminary step for an assistant to call at the school to give any

child, whose mentality is under question, preliminary tests before any further action is taken, at the same time the head teacher being asked to bring forward also for examination any other children who may be backward educationally. This procedure usually results in a number of backward children being brought forward. The assistant submits to the Inspectress the results of his investigations, and arrangements are then made for a visit to be paid to the school by the Certifying Officer and the Inspectress, to discuss with the head teacher any doubtful cases, and to advise them concerning any individual needs, either medical or educational. As a result of this conference, arrangements are then made for those children considered probably to be mentally defective to be summoned for a full examination at the office.

82. A certain proportion of mentally defective children on leaving school, particularly those with emotional or temperamental dispositions, are “socially” defective, and therefore in need of care, supervision and control, either for their own protection or for the protection of others. In the case of those children who have been educated in special schools or classes for mentally defective children, they can, on leaving school be notified to the Mental Deficiency Authority for further care and supervision. But it is not always appreciated that, as the law stands at present, unless mentally defective children have been educated in special schools they cannot, except under very special circumstances, be afforded the preventive care and supervision which is provided under the Mental Deficiency Act. The decision, however, as to which children on leaving school will need this care, should only be given after a very careful observation of their behaviour, and in this respect the head teachers of the special schools can supply valuable information.

It is important that every child who requires special education should be “ascertained” at as early an age as possible. Such ascertainment, however, is not an easy matter, and the decision in each individual case is made only after careful consideration. The information obtained from intelligence tests are a valuable aid,

but the conclusion is not arrived at from these tests alone. Reasons for a low score in such tests have to be investigated, and where there is evidence of long absence through illness or of malnutrition, defective eyesight or hearing, etc., or if there be an indication of some learning difficulty, e.g., in reading, or any other possible contributory cause, the decision as to certification is postponed and treatment for any possible cause, which may be contributory to failure in such tests, is recommended.

M.D. and
P.D. Schools

83. The accompanying return shews the results of the examinations made by the Certifying Officers for the ascertainment of mentally and physically defective children during the year.

Table 15.

	Referred as Physically Defective.	Referred as Mentally Defective.
Passed for M.D. Schools—Day	—	156
„ „ „ —Residential	—	2
Passed for P.D. Schools—Day Special	130	1
„ „ „ —Day Open Air	88	11
„ „ „ —Residential	122	16
„ „ „ Epileptic Schools	6	—
To remain in ordinary schools	39	134
Postponed for further trial in ordinary school or for treatment	57	267
Unsuitable for any school (P.D.)	10	2
Private Tuition	1	4
Referred to Child Guidance Clinic	—	4
Referred for Mental examination	1	—
Total number of children examined	454	597

**CASES NOTIFIED TO THE LANCASHIRE MENTAL HOSPITALS BOARD
DURING THE YEAR.**

1. (i) Children incapable of receiving benefit or further benefit from instruction in a Special School :—	
(a) Idiots 	3
(b) Imbeciles 	33
(ii) Children unable to be instructed in a Special School without detriment to the interests of the other children :—	
(a) Moral defectives 	—
(b) Others 	1
2. Feeble-minded children notified on leaving Special Schools on or before attaining the age of 16 years 	80
3. Feeble-minded children notified under Article 3, of Regulation No. 659, i.e., “ Special circumstances ” cases 	1
4. Children, who in addition to being mentally defective were blind or deaf 	1
Total 	<u>119</u>

In addition to the examination of new cases referred for ascertainment, 2,081 examinations of children attending the schools for the mentally defective and the physically defective were made as required by the Education Act of 1921, with regard to their suitability for continuance in attendance.

The following Table shews (a) the accommodation, number on rolls, and the average attendance in the various types of Special Schools provided by the Committee; and (b) the number of admissions and withdrawals during the year :—

Table 16.

(a)

Schools for the	Accommoda- tion.	No. on Rolls Dec., 1936.	Average Attendance, Dec., 1936.
Mentally Defectives (day) 	728	657	549·8
Physically Defectives (day) 	666	756	600·4
Physically Defectives (residential) 	68	68	68·0
Partially-sighted (classes) 	140	105	87·9
Deaf 	200	154	134·2

(b)

	M.D. Schools.	P.D. or Open-air Schools.	Deaf School.	Partially Sighted Classes.
NEW ADMISSIONS	126	357	21	24
WITHDRAWALS (not including temporary withdrawals)				
1. At age limit (16 years)	*83	53	19	11
2. Under 16 years.				
(a) Decertified	4	216	1	—
(b) Found unsuitable mentally. (Notified to Mental Deficiency Authority)	16	—	—	—
(c) Found unsuitable physically	—	10	—	—
(d) Excused further attendance	25	2	—	14
(e) Certified as M.D.	—	10	1	—
(f) Transferred to Residential M.D. Schools	13	—	—	—
(g) Attending private Schools ...	—	2	2	1
(h) Attending schools for Higher Education	—	3	—	—
(i) Left City, etc.	6	19	—	2
(j) Died	3	7	1	—
(k) Committed to Approved Schools	—	1	—	—
Total Withdrawals ...	150	323	24	28

* Of these 61 were notified to the Mental Deficiency Authority for supervision, etc.

Of the eight Day Special Schools which the Committee maintain, three are double centres for physically and mentally defective children. Two are schools for mentally defectives only, two are open-air schools for both delicate and physically defective children, and one is a school for the deaf. There is also a residential school at Woolton Vale for delicate children.

84. During the year the Fontenoy Street Special School for mentally defective children was closed. This school, which was opened in 1901, had rendered very valuable service in an overcrowded neighbourhood. The premises have been taken over by the managers of a voluntary school, and the scholars have been transferred to other day special schools, with a consequent re-adjustment of transport arrangements.

85. The school medical officers carried out the medical inspections and re-inspections in connection with the day special schools, and the following is a summary of the number of examinations made:—

Routine Examinations	...	...	...	462
Re-inspections	...	...	...	1,319
Special Inspections	...	...	...	71
Total				1,852

Facilities for treatment are available under the Committee's Schemes, 104 cases of defective vision being dealt with, comprising 26 new cases and 78 re-examination cases. In addition, 13 children were operated on at the Tonsils and Adenoids Clinic, and in the case of children suffering from crippling defects, full use was made of the facilities available at the Orthopaedic Clinics. Dental treatment was also made available, details of which are given in paragraph 91.

86. The total accommodation at the Underlea Open-Air School is 195, which includes provision for a class of 25 partially sighted children.

Miss Anderson, the Head Mistress, states: "During the year, 119 children were admitted to Underlea, and 107 children discharged, the average length of stay being 13 months. The attendance in the Open-air Department was 87 per cent., and 91·3 per cent. in the Partially Sighted Class.

“ Every effort has been made to give the children the full benefit of the special open-air conditions provided. Whenever possible lessons and ‘rest’ have been taken out of doors.

“ It is very satisfactory to report that after the school dentist had inspected the children, 100 per cent. of the parents accepted the advice given.

“ With the proceeds from two Jumble Sales, and some profit from the Bee Keeping, a Ciné Projector has been purchased. This has proved of immense interest, and the hired films have been of great help, especially for Geography and Nature lessons.

“ Six of the more delicate children in the Partially Sighted Class are now taking ‘rest’ after the mid-day meal. The children in this class have for some time been using Ballot pencils, which give a bold stroke. Experiments are being made with broad pen nibs to accustom the older children to the ordinary mode of writing, in readiness for their after school life.”

**Margaret
Beavan
Day
Open-air
School.**

87. There were 69 new admissions to Margaret Beavan Day Open-Air School during the year, and 59 discharges. At the end of the year there were 190 children on the rolls, 59 of these being delicate children, and the remainder being cases of crippling, heart disease, etc.

Miss Kelly, the Head Mistress, reports: “ Satisfactory progress has been made scholastically. Typewriting and Shorthand have been introduced in the upper classes, and two further successes have been obtained in the examination for Junior Technical Scholarships.”

**Woolton
Vale
Country
School.**

88. During the year there were altogether 165 children in residence at the Woolton Vale Country School, 121 new cases having been admitted and 128 discharged, the majority having been sent there on account of malnutrition and debility. The average length of stay was over 24 weeks, and the average gain of weight was 8·9 lbs.

The teeth of the children were attended to by one of the school dentists, who paid periodical visits for this purpose, parental permission being in no instance refused.

Immunisation against diphtheria was carried out by the medical officer of the school in the case of 49 children.

There were no cases of infectious sickness in the school during the year.

Miss Shepherd, the Head Mistress of the School, reports that every opportunity was taken of conducting the school in the open air, and on suitable nights, during the summer, the outside schoolroom was converted into a dormitory where some specially selected children slept, in charge of a member of the staff. The children enjoyed this experience, and also derived much benefit from it.

During the winter months the evening occupations included some film entertainments, which were much enjoyed.

The children have a wireless set, which was used for both recreational and educational purposes.

Some of the older children, specially interested in handwork, carried on their work, such as weaving, pewter work, leather work, embroidery, etc., as a hobby in their free time.

The most popular outdoor games were rounders, tennis, croquet, cricket and football, whilst the youngest children derived much pleasure from a plank swing.

89. During the year, there were admitted 70 Liverpool school **Torpenhow** children to the Torpenhow Open-Air School, near Frankby, where the Committee retain 30 beds, the usual length of stay of the children being six months. The average age of the children on admission was 9 years, the average gain of weight of the children discharged being over 7 lbs., and the average increase of height $\frac{7}{8}$ inch.

Miss Anson, the Matron of the school, reports that the Annual Re-union of ex-scholars was held in July, when 142 Liverpool ex-scholars attended. On the whole they looked fairly healthy, but in some instances pale faces were noticed and these, on enquiry, appeared to be attributable to lack of sufficient sleep. In contrast to this, it is very noticeable how much more alert the children become after having been in residence for a few days, this rapid improvement being probably attributable to the beneficial effects of adequate sleep.

In April there was a small outbreak of chickenpox amongst the children, 7 children in all being affected. The school became free from infection in June.

Other
Residential
Accommoda-
tion.

90. In addition to the special schools and the accommodation provided at Torpenhow, the Committee have an option on three beds at the West Kirby Convalescent Home, also on six beds (mainly for heart cases) at the Liverpool School of Recovery, and they are able to secure some places at the Maghull Home for Epileptics. During the course of the year, four cases have been in residence at West Kirby, and nine at the School of Recovery, whilst twelve cases have been maintained at the Home for Epileptics.

Certain mentally defective children require to be admitted to residential special schools, and during the year 22 defectives were maintained by the Committee at "Pontville" Roman Catholic Special School, Ormskirk, 15 at Allerton Priory Roman Catholic Special School, Woolton, and 2 at Dovecot Horticultural School for Mentally Defective Girls, Knotty Ash.

Three physically defective cases were maintained at the Liverpool Workshop for Cripples.

In three Institutions, viz., the Alder Hey Hospital, Belmont Road Hospital and the Cleaver Sanatorium, schools were previously carried on under the Poor Law Guardians. The responsibility for maintaining these schools has been transferred

to the Special Schools Committee, and two of them, viz., Alder Hey Hospital School and Cleaver Sanatorium School, are now certified by the Board of Education as Special Schools.

91. The following Table shews the work carried out in connection with the Hightown Approved School and the Special Schools during the year by the dental staff of the School Medical Sub-Committee:—

Dental
Treatment at
Hightown
and
Special
Schools.

Table 17.

	Hightown.	Special Schools.	Total.
Number of inspection sessions	2	12	14
Number of treatment sessions	20	70	90
Total number of sessions	22	82	104
Number of children inspected	188	1,119	1,307
Number of children requiring treatment ...	130 (69·1%)	814 (72·7%)	944 (72·2%)
Number of children treated	121	737	858
Number of attendances made for treatment ...	154	779	933
Number of teeth extracted	138	1,303	1,441
Number of teeth filled	85	162	247
Number of other operations	18	28	46
Number of administrations of general anasthetics	73	624	697

Comment was made in last year's Report upon the fact that the proportion of acceptances of treatment had, in 1935, reached the highest figure then attained, viz., 81·3 per cent. This high standard of parental consents was maintained during 1936, the acceptance rate for the year proving to be again exactly 81·3 per cent. This satisfactory response could not have been achieved without the active co-operation of the head teachers of these schools, who have, in every case, enthusiastically given their help in the form of personal interviews with parents who were reluctant to take advantage of the treatment offered.

The fact that it is possible to carry out the necessary treatment upon the school premises has also a considerable effect in the production of this satisfactory response.

The benefit conferred upon these children by regular dental treatment is well instanced by the experience at both the Queensland Street Special School and the Hightown Approved School. The children at the former school comprise mentally defectives of 12 years of age and upwards who have, for the most part, been transferred from other Special Schools in which they had, for some years past, been receiving the advantage of regular dental treatment. In consequence, it has been found at the annual inspections that little more than 50 per cent. of these children require dental treatment of any kind, whereas in the public elementary schools it is found, year after year, that at least 80 per cent. of the children are in need of treatment.

At the Hightown Approved School no acceptance of treatment is required, and as a result of the regularity of treatment which can thus be given, a very high standard of dental fitness is found amongst these boys as is evidenced from the report recently submitted to the Home Office in regard to the work carried out at this school in 1936:—

“ The proportion found to require treatment was 65.8 per cent. as compared with 80 per cent. for the elementary schools, and this fact emphasises the benefit conferred by regular dental treatment in a school in which there were no refusals. Eleven of the 123 boys examined were new entrants, 112 having been attended to at previous visits. For these old cases 70 small fillings, but only 30 extractions, of permanent teeth were required, and several of the latter were solely on account of overcrowding. This proportion of saveable to unsaveable teeth is a very favourable one for boys of the ages concerned.”

The system of voluntary contributions for dental treatment in the special schools has been continued, and during the year, as in

1935, an average of 5½d. was received from the parents who thus contributed.

EMPLOYMENT OF SCHOOL CHILDREN.

92. At the end of the year there were 1,397 school children (1,337 boys and 60 girls) who were employed out of school hours, 1,018 of these children being occupied in delivering milk or newspapers.

When children desire to work before school hours, they have to be examined by the school medical officers and passed as physically fit before certificates are granted. For this purpose, 1,032 children were examined, and all but 3 were granted certificates. All employed children, whether working before or after school hours, are required to obtain employment cards, which are issued by the Education Committee, and these children are kept under supervision by the school medical officers at their visits to the schools. Employment which, under the local bye-laws, is limited to two hours on school days, and five hours on Saturdays and during school holidays, seldom has any adverse effect upon the children's health, though occasionally it has been found advisable to recommend the giving up of such work in the interests of health.

93. During the year, the Sub-Committee dealing with the licensing of children, granted 63 theatrical licences in respect of 60 children, as against 86 licences granted during the year 1935, and 118 licences during 1934. **Theatrical Licences.**

The total number of licensed children who appeared at local places of entertainment was 119, as against 103 for the previous year. Only 12 of these were Liverpool children.

All places of entertainment where the children were engaged were visited by the Committee's officers during the period of the employment of the children, and they found that the regulations were complied with fully. The officers also visited the respective places of residence, and were satisfied with the conditions under

which the children resided in Liverpool. In accordance with the Committee's instructions, a woman visitor, accompanied by the Employment Officer, visits both the lodgings and the theatres.

JUVENILE EMPLOYMENT BUREAU.

94. The various activities of the Juvenile Employment Bureau have been well maintained throughout the year, and in some cases extended. The increasing recognition of the value of juvenile employment work is reflected in the heavy demands made upon the resources of the Bureau by juveniles seeking advice and help in securing employment, and by employers requiring juvenile labour.

95. There was a slight drop in the total number of applications for employment during the year, the figure being 32,089 as compared with 33,149 for the last year; in the case of school leavers there were 455 more boys but 745 fewer girls who applied to the Bureau for employment. Of juveniles who sought re-employment, there were 401 additional applications for boys, but as many as 1,171 fewer applications for girls, thus resulting in a net reduction of 770 applications in all.

96. Great importance is attached to the advisory side of the work that is undertaken in conjunction with the schools, by which boys and girls have the opportunity of receiving vocational guidance before they actually leave school. During the year 1,072 visits to schools were made by juvenile employment officers for the purpose of conducting employment conferences, and, usually in the presence of the teachers, no fewer than 13,162 boys and girls have in this way been interviewed and advised. It is interesting to note that 2,587 parents responded to the invitations to attend these conferences. Advice given at this stage is of particular value, as it is not uncommonly found that children are inclined to seek work for themselves some little time before they are due to leave school, with little or no idea of the conditions prevailing in the various occupations or of their own fitness for particular forms of employment.

97. Throughout the year Liverpool has continued to participate to some extent in the general upward trend of trade and employment; there has been greater activity in commercial and industrial enterprise and in the work of the port generally. An increase of no less than 2,042 is recorded in the number of vacancies notified by employers, resulting in 1,615 more juveniles (1,271 boys and 344 girls) being placed in employment by the Bureau. Altogether employment was found through the Bureau for 6,806 boys and 8,412 girls, a total of 15,218, as compared with 13,603 last year. It may be said that the quality of the work available for juveniles during the year has improved to some degree. There was a greater number of openings for boys in commercial occupations, and 43 more trade apprenticeships were secured for boys than was the case last year. As regards girls, there is a noticeable drop from 521 to 265 in the number of girls placed as workroom, shop and factory messengers, but a general increase in the number of those placed in certain branches of the needle trades and in other progressive occupations. There is little variation in the placing of girls in clerical work (866) and in domestic service (616), but it may be noted that the total of girls placed as shop assistants (1,261) exceeded last year's placings by nearly 200.

98. Pupils from Secondary Schools and scholars from Special Schools have continued to be dealt with respectively by the Higher Education Section and the Special Schools Section of the Bureau. During the year 182 boys and 243 girls from Secondary Schools were placed in suitable employment, and information and advice were sought from time to time in respect of the many varied careers open to boys and girls from Secondary Schools. Efforts made on behalf of ex-scholars of Special Schools who are handicapped in their pursuit of employment by physical or mental disabilities of various kinds resulted in 18 boys and 29 girls being found suitable occupations. Special visits to employers are made on behalf of these young people, but, for the most part, although employers are found to be sympathetically inclined towards the needs of sub-normal boys and girls, it is generally not considered

a practical proposition to give them preference when so many normal juveniles are out of employment.

99. Despite the increased number of vacancies notified to the Bureau, the local employment position still remains far from satisfactory, and renders it impossible for many of the juveniles available for work to obtain employment in the area. This situation, however, has been alleviated to some extent by a number of juveniles having availed themselves of the opportunity of transfer to employment in other districts under the provisions of the Ministry of Labour's Juvenile Transference Scheme, which has been in full operation during the year. Under this scheme, 272 boys and 4 girls were transferred to industrial employment in Birmingham under the special arrangements made between the Birmingham Education Authority and the Liverpool Committee.

100. An interesting extension of the official transfer scheme is the arrangement under which selected unemployed boys, between the ages of $14\frac{1}{2}$ and 17 years (or up to $17\frac{1}{4}$ years in particularly suitable cases) from depressed areas scheduled for juvenile transference, are admitted to camps financed by the Ministry of Labour and conducted under the auspices of the Y.M.C.A. During the summer 95 Liverpool boys were approved for admittance to the camps at Skegness and Sandwich, and, after their short holiday, were found progressive situations—some in Midland towns (other than Birmingham) and others in the London area. The primary aim of the scheme is not to provide a course of training but to enhance physical fitness, and the benefit of a "toning-up" process can hardly be questioned in cases where juveniles have been subjected to periods of unemployment. In this connection it may be noted that, in view of the difficulty of securing suitable boys for farm training, negotiations are at present pending between the Education Committee and the Ministry of Labour with the object of utilising the Williamson Hostel, Burscough, for the benefit of boys who need some "toning-up" before being transferred to industrial employment elsewhere.

In addition to those already mentioned, 70 boys have been transferred direct to industrial and hotel employment in the Midlands and the South of England.

Careful supervision is exercised over all juveniles accepted for transfer, and periodical reports are received upon their progress.

Valuable co-operation is rendered by school medical officers in connection with juveniles, accepted for transfer to Birmingham and other parts, who are medically examined prior to transfer. This procedure ensures that juveniles who, on medical grounds, are unsuitable, are not transferred.

Whilst the juvenile transference scheme is too restricted in its scope to be regarded as even a partial solution to the problem of unemployment as it affects juveniles, it is considered a valuable contribution towards the alleviation of its acuteness. Every effort has been made to bring the scheme prominently before parents and juveniles by means of posters, printed leaflets, and explanatory letters; and, by courtesy of several proprietors, it was possible to arrange for a set of slides to be exhibited in certain local cinemas at each performance during the course of the week.

101. The After-Care Scheme has been well maintained throughout the year. "Open" evenings have been held during the period under review, to which 11,001 boys and girls were invited. The number of juveniles who attended was 3,479 (2,124 boys, 1,355 girls), whilst 3,488 (1,281 boys, 3,207 girls) who were unable to be present, sent written replies reporting upon their progress in employment. Thus, a response was made by 6,967 boys and girls, concerning whom the Committee have been able to follow up the work of placing and to offer further advice and assistance in cases where enquiry or report revealed such action to be warranted. During talks with juveniles several cases have arisen where young people employed in the distributive trades appeared to be working a number of hours in excess of those permitted under the Shop Act. Instances of this kind are referred

immediately to the Medical Officer of Health, whose Inspectors conduct the investigations and take what action appears to be necessary.

Special After-Care meetings have been held in the interests of half-caste (negroid) juveniles. From the numerical point of view, the problem of the young people does not present serious difficulties, but, as it has been found that many of these boys and girls fail, for one reason or another, to keep their employment for any length of time, it has been considered advisable to exercise closer supervision over them than in the case of other juveniles in touch with the Bureau. Thus, it was arranged for members of the Liverpool Association for the Welfare of Half-Caste Children to attend the South Branch Bureau (where the majority of the coloured children are registered) once a week to assist the Bureau Officers in keeping in regular touch with those who, week by week, are unemployed, and also with the object of seeing whether it would be possible to make special efforts on behalf of any particular cases. As a result of studying the problem at close range, the Half-Caste Welfare Association were led to approach the Elder Dempster Line (whose ships run to the West Coast of Africa), and an experimental scheme was agreed upon, whereby a small number of boys would receive a course of six months' training in ships' cookery at the Education Committee's Nautical School for Ships' Cooks and Stewards, the firm undertaking to give employment to boys who satisfactorily completed their training. Should the scheme be regarded as satisfactory by the Elder Dempster Line it is hoped that it will be possible to extend the scheme and to secure the co-operation of other shipping firms.

102. The number of unemployment insurance books exchanged during the year was 52,449, as compared with 44,885 at the same date last year. The significance of these figures lies in the fact that they reflect the marked improvement in industrial conditions, inasmuch as it is shown that 7,564 *additional* juveniles (3,558 boys, 4,006 girls) have entered local industry during the year. The following comparative analysis of the figures for the two years will be of interest:—

				1935.	1936.	Increase.	
BOYS	{ 14-15 years	.....		11,171	12,860	1,689	} 3,558
	{ 16-17 years	.....		11,098	12,967	1,869	
GIRLS	{ 14-15 years	.....		12,104	14,024	1,920	} 4,006
	{ 16-17 years	.....		10,512	12,598	2,086	
TOTALS				44,885	52,449	7,564	

103. The Unemployment Insurance (Agricultural) Act, 1936, received the Royal Assent and became operative from the 4th May, 1936, unemployment benefit thereunder becoming payable from the 5th November, 1936. Under that Act contributions are, in general, payable in respect of all persons, over school age, who are engaged under contract of service in Agriculture, Horticulture, or Forestry. In an industrial district such as Liverpool, the provisions of the Act will affect only a small number of juvenile workers, but the knowledge that such employment is now insurable may remove one of the objections to employment on the land that is occasionally voiced by urban dwellers.

Under the Unemployed Insurance Act, 1935, juveniles who are unemployed and available for work may be required to attend approved courses of instruction. During the year additional accommodation in Junior Instruction Centres has been provided, and it has, therefore, been possible to reduce the number of exemptions from attendance for want of room. Statutory requirements to attend Centres were issued during the year ended 30th September, 1936, to 8,072 boys and 6,735 girls (14,807 in all), and in the week ended 30th September, 1936, the total number of juveniles in attendance at the Centres was 3,112 (1,972 boys, 1,140 girls), the daily average attendance at Centres for that week being 2,319 (1,482 boys, 837 girls). Cases of non-attendance, irregular attendance, and misbehaviour at the Centres are, in the first instance, enquired into by the School Attendance Officers, and, if necessary, brought to the attention of the Boards

of Assessors set up under regulations to consider the advisability of the institution of legal proceedings. 480 boys and 540 girls have been dealt with in this way. Legal proceedings, on behalf of the Ministry of Labour, under Section 78 (2) of the Unemployment Insurance Act, 1935, were taken, after due warning, in the cases of 99 boys and 35 girls, and penalties were imposed by the magistrates in the cases of 63 boys and 15 girls.

104. In conclusion, the co-operation between the Juvenile Bureau and the School Medical Department has been continued throughout the year, and the professional assistance rendered is not only of great value to juveniles and their parents, but also to Bureau Officers in the discharge of their advisory and placing duties.

HIGHER SCHOOLS.

105. The schemes for the medical inspection and treatment of pupils attending Higher Schools remain unaltered.

The number of schools visited during the year was 20, and the numbers of medical inspections carried out were as follows:—

Routine cases	...	...	...	...	7,174
Re-inspections	...	...	...	...	6,887
Special cases	...	...	...	...	257

The proportion of routine cases requiring treatment was 9·6 per cent., a slight increase over that of the preceding year.

The general standard of health of the pupils is higher than that of the public elementary school children; the pupils are more sensibly clothed, and the organised games and gymnastic exercises have a decided effect on their well-being.

The most common defects were those of eyesight, carious teeth, flat feet and other postural defects.

The heights and weights of pupils due for routine inspection have been recorded by the gymnastic instructor, where there is

such an official, and in other cases by the school medical officers. The following Table shows the result in inches and pounds, respectively:—

Table 18.

Age.	Boys.			GIRLS.		
	Number examined.	Height.	Weight.	Number examined.	Height.	Weight.
8	18	51·4	56·8	28	50·6	54·6
9	17	52·1	61·6	22	52·0	65·5
10	64	54·1	71·3	35	54·1	69·0
11	281	56·0	74·7	216	56·7	78·7
12	454	57·6	81·7	365	58·4	86·0
13	421	59·5	91·7	346	61·0	100·1
14	578	62·6	100·4	329	62·5	110·0
15	497	64·4	112·7	316	63·0	114·1

On the application of the Governors of H.M.S. “Conway” School Ship, the Committee agreed to undertake the medical examination of the cadets in training in this ship. The same scheme of medical inspection was adopted as in the case of the Higher Schools. The inspection was only commenced in the Autumn Term and 63 cadets were examined. The physique generally was excellent, and only 6 cases were discovered with defects.

W. M. FRAZER,

*Medical Officer to the
Education Authority.*

Appendix A.**MEDICAL INSPECTION RETURNS.**

Year ended 31st December, 1936.

TABLE I.**MEDICAL INSPECTIONS OF CHILDREN ATTENDING
PUBLIC ELEMENTARY SCHOOLS.****A.—Routine Medical Inspections.**

NUMBER OF INSPECTIONS IN THE PRESCRIBED GROUPS:—

Entrants	14,786
Second Age Group	13,738
Third Age Group	13,086
TOTAL	41,610
NUMBER OF OTHER ROUTINE INSPECTIONS	106
GRAND TOTAL	41,716

B.—Other Inspections.

NUMBER OF SPECIAL INSPECTIONS	60,468
NUMBER OF RE-INSPECTIONS	*59,133
TOTAL	*119,601

NOTE.—* Not including re-inspection of cases under treatment at the Minor Ailments Clinics.

C.—Children Found to Require Treatment.

**Number of individual children found at Routine Medical Inspection
to Require Treatment (excluding Defects of Nutrition,
Uncleanliness and Dental Diseases).**

Group. (1)	For defective vision (excluding squint). (2)	For all other con- ditions recorded in Table IIA. (3)	Total. (4)
ENTRANTS	42	Not available.	3,198
SECOND AGE GROUP	821	do.	3,047
THIRD AGE GROUP	959	do.	2,587
TOTAL (PRESCRIBED GROUPS)	1,822	do.	8,832
OTHER ROUTINE INSPECTIONS	5	do.	13
GRAND TOTAL	1,827	do.	8,845

MEDICAL INSPECTION RETURNS.

TABLE II.
ELEMENTARY SCHOOL.

A.—Return of Defects found by Medical Inspection in the Year ended
31st December, 1936.

DEFECT OR DISEASE.	ROUTINE INSPECTIONS.		SPECIAL INSPECTIONS.	
	Number of Defects.		Number of Defects.	
	Requiring Treatment.	Requiring to be kept under observation, but not requiring Treatment.	Requiring Treatment.	Requiring to be kept under observation, but not requiring Treatment.
(1)	(2)	(3)	(4)	(5)
SKIN—				
(1) Ringworm—Scalp	1	—	39	—
(2) „ Body	7	—	201	—
(3) Scabies	32	—	947	—
(4) Impetigo	81	—	2,152	—
(5) Other Diseases (Non-Tuberculous)	148	127	1,558	48
TOTAL (Heads 1 to 5) ...	269	127	4,897	48
EYE—				
(6) Blepharitis	213	194	115	47
(7) Conjunctivitis	94	50	81	16
(8) Keratitis	2	—	6	—
(9) Corneal Opacities	—	34	—	5
(10) Other Conditions (excluding Defective Vision and Squint... ..	29	81	52	23
TOTAL (Heads 6 to 10) ...	338	359	*254	91
(11) Defective Vision (excluding Squint)	1,827	2,654	2,496	493
(12) Squint	853	997	1,483	148
EAR—				
(13) Defective Hearing	131	317	102	107
(14) Otitis Media	330	163	1,969	42
(15) Other Ear Diseases	89	79	1,321	32
NOSE AND THROAT—				
(16) Chronic Tonillitis only	624	3,469	307	353
(17) Adenoids only	67	104	56	20
(18) Chronic Tonsillitis and Adenoids	224	553	138	61
(19) Other Conditions	731	363	263	54

* Not including 3,802 cases of Eye Diseases examined and treated at the Minor Ailments Clinics.

TABLE II.—Continued.

DEFECT OR DISEASE.	ROUTINE INSPECTIONS.		SPECIAL INSPECTIONS.	
	Number of Defects.		Number of Defects.	
	Requiring Treatment.	Requiring to be kept under observation, but not requiring Treatment.	Requiring Treatment.	Requiring to be kept under observation, but not requiring Treatment.
(1)	(2)	(3)	(4)	(5)
(20) Enlarged Cervical Glands (Non-Tuberculous)	9	501	11	60
(21) Defective Speech	68	370	40	145
HEART AND CIRCULATION— Heart Disease—				
(22) Organic	11	138	43	80
(23) Functional	15	907	10	194
(24) Anaemia	299	263	150	56
LUNGS—				
(25) Bronchitis	484	1,267	157	141
(26) Other Non-Tuberculous Diseases ...	28	58	31	21
TUBERCULOSIS— Pulmonary—				
(27) Definite	—	1	1	—
(28) Suspected	—	—	4	—
Non-Pulmonary—				
(29) Glands... ..	3	74	9	22
(30) Bones and Joints	3	24	16	6
(31) Skin	1	1	2	—
(32) Other Forms	5	39	1	19
TOTAL (Heads 29 to 32)	12	138	28	47
NERVOUS SYSTEM—				
(33) Epilepsy	12	50	13	12
(34) Chorea... ..	97	—	194	—
(35) Other Conditions	77	231	44	63
DEFORMITIES—				
(36) Rickets	34	107	8	25
(37) Spinal Curvature	34	31	10	1
(38) Other Forms	119	123	54	24
(39) Other Defects and Diseases (excluding Defects of Nutrition, Uncleanliness and Dental Diseases ...	2,874	2,932	26,469	943
TOTAL NUMBER OF DEFECTS	9,656	16,302	*40,553	3,261

* Not including 3,802 cases of Eye Diseases examined and treated at the Minor Ailments Clinics.

TABLE II.—Continued.

B.—Classification of the Nutrition of Children Inspected during the
Year in the Routine Age Groups.

Age-groups.	Number of Children Inspected.	A. (Excellent).		B. (Normal).		C. (Slightly subnormal).		D. (Bad).	
		No.	%	No.	%	No.	%	No.	%
Entrants ...	14,791	824	5·57	12,062	81·5	1,809	12·23	96	·65
Second Age-group	13,695	941	6·87	11,179	81·62	1,509	11·02	66	·49
Third Age-group	13,091	1,665	12·72	10,509	80·28	889	6·79	28	·21
Other Routine Inspections ...	98	11	11·22	79	80·61	8	8·17	—	—
TOTAL ...	41,675	3,441	8·26	33,829	81·17	4,215	10·11	190	·46

ELEMENTARY SCHOOLS.

Table III.

Numerical Return of all Exceptional Children in the Area at the end of 1936.

			Boys.	Girls.	Total.
BLIND	(i) Suitable for training in a School for the totally blind.	At Certified Schools for the Blind	22	8	30
		At Public Elementary Schools	—	—	—
		At other Institutions	—	1	1
		At no School or Institution	1	1	2
		TOTALS	23	10	33
PARTIALLY BLIND	(ii) Suitable for training in a School for the partially blind.	At Certified Schools for the Blind	—	—	—
		At Certified Schools for the Partially Blind...	50	54	104
		At Public Elementary Schools	18	11	29
		At other Institutions	—	1	1
		At no School or Institution	2	—	2
		TOTALS	70	66	136
DEAF	(i) Suitable for training in a School for the totally deaf or deaf and dumb.	At Certified Schools for the Deaf	32(4)*	35	67(4)*
		At Public Elementary Schools	—	—	—
		At other Institutions	—	1	1†
		At no School or Institution	1	—	1
		TOTALS	33(4)*	36	69(4)*
PARTIALLY DEAF	(ii) Suitable for training in a School for the partially deaf.	At Certified Schools for the Deaf	19	17	36
		At Certified Schools for the Partially Deaf...	—	—	—
		At Public Elementary Schools	18	21	39
		At other Institutions	—	—	—
		At no School or Institution	—	—	—
		TOTALS	37	38	75
MENTALLY DEFECTIVE	Feeble-minded ...	At Certified Schools for Mentally Defective Children	394	261	655
		At Public Elementary Schools	†34(19)	†17(7)	†51(26)
		At other Institutions	†12(2)	†6(1)	†18(3)
		At no School or Institution	†11(3)	†10(1)	†21(4)
		TOTALS	451	294	745
EPILEPTICS	Suffering from severe epilepsy.	At Certified Special Schools	13	12	25
		At Public Elementary Schools	1	—	1
		At other Institutions	3	1	4
		At no School or Institution	11	8	19
		TOTALS	28	21	49
PHYSICALLY DEFECTIVE	Pulmonary tuberculosis requiring treatment (including pleura and intrathoracic glands)	At Certified Special Schools	39	38	77
		At Public Elementary Schools	—	—	—
		At other Institutions	6	6	12
		At no School or Institution	13	13	26
		TOTALS	58	57	115

* The numbers in brackets refer to children under 5 years of age. These figures are included in the totals.

† The numbers in brackets refer to cases not yet examined by the Certifying Medical Officer. These figures are included in the totals.

‡ Having private tuition.

ELEMENTARY SCHOOLS.

Table III—Continued.

			Boys.	Girls.	Total.
PHYSICALLY DEFECTIVE (continued)	Non-pulmonary tuberculosis (all forms)	At Certified Special Schools	42	39	81
		At Public Elementary Schools	9	9	18
		At other Institutions	27	20	47
		At no School or Institution	29	16	45
		TOTALS	107	84	191
	Delicate Children, i.e., all children (except those included in other groups) whose general health renders it desirable that they should be specially selected for admission to an Open Air School.	At Certified Special Schools	185	201	386
		At Public Elementary Schools	145	42	187
		At other Institutions	1	3	4
		At no School or Institution	32	20	52
		TOTALS	363	266	629
	Crippled Children (other than those with active tuberculous disease) who are suffering from a degree of crippling sufficiently severe to interfere materially with a child's normal mode of life.	At Certified Special Schools	191	101	292
		At Public Elementary Schools	—	6	6
		At other Institutions	8	7	15
		At no School or Institution	37	26	63
		TOTALS	236	140	376
	Children with heart disease, i.e., children whose defect is so severe as to necessitate the provision of educational facilities other than those of the public elementary school.	At Certified Special Schools	94	92	186
		At Public Elementary Schools	5	10	15
		At other Institutions	11	9	20
		At no School or Institution	20	46	66
		TOTALS	130	157	287

ELEMENTARY SCHOOLS.

Table III—Continued.

Children Suffering from Multiple Defects and the Type of School,
if any, attended.

Combination of Defects.	School attended, etc.	Boys.	Girls.	Total.
Total Blindness and Crippling	At other Institutions	—	1	1
Deafness and Mental Defect ...	At no School or Institution	1	—	1
Mental Defect and Epilepsy ...	At Certified Schools for Mentally Defective Children	2	—	2
	At no School or Institution	—	1	1
Mental Defect and Crippling ...	At Certified Schools for Mentally Defective Children	8	5	13
	At no School or Institution	1	1	2
Mental Defect and Heart Disease	At Certified Schools for Mentally Defective Children	1	4	5
	At no School or Institution	—	2	2
Epilepsy and Crippling	At Certified Special Schools... ..	1	—	1
Active Tuberculosis and Heart ...	At no School or Institution	1	—	1
Crippling and Heart Disease ...	At Certified Special School	—	1	1
	At no School or Institution	—	1	1
	TOTALS	15	16	31

ELEMENTARY SCHOOLS.

TABLE IV.

Return of Defects treated during the Year ended 31st December, 1936.

TREATMENT TABLE.

Group I.—Minor Ailments (excluding Uncleanliness,
for which see Group VI).

Disease or Defect. (1)	*Number of Defects treated, or under treatment during the year.		
	Under the Authority's Scheme. (2)	Otherwise. (3)	TOTAL. (4)
SKIN—			
Ringworm—Scalp—(1) X-Ray Treatment ...	22	1	23
(2) Other Treatment ...	—	55	55
Ringworm—Body	197	—	197
Scabies	341	836	1,177
Impetigo	2,050	10	2,060
Other Skin disease	1,465	50	1,515
MINOR EYE DEFECTS— (External and other, but excluding cases falling in Group II)	3,802	84	3,886
MINOR EAR DEFECTS	3,310	128	3,438
MISCELLANEOUS— (e.g. minor injuries, bruises, sores) chilblains, etc.)	24,545	30	24,575
TOTAL	35,732	1,194	36,926

*The numbers in Group I of this Table refer almost wholly to children treated at the Committee's Clinics. No reliable information is obtainable as to the number of cases treated elsewhere.

ELEMENTARY SCHOOLS.

Group II.—Defective Vision and Squint (excluding Minor Eye Defects treated as Minor Ailments, Group I).

Defect or Disease. (1)	NUMBER OF DEFECTS DEALT WITH.		
	Under the Authority's Scheme. (2)	Other-wise. (3)	TOTAL. (4)
ERRORS OF REFRACTION (including Squint)—			
New Cases	2,871	126	2,997
Re-examinations	2,706	31	2,737
TOTAL	5,577	157	5,734
Other Defect or Disease of the eyes (excluding those recorded in Group I)	34	25	59
TOTAL	5,611	182	5,793

Total number of Children for whom Spectacles were prescribed :

(a) Under the Authority's Scheme	4,716
(b) Otherwise	150

Total number of Children who obtained or received Spectacles :

(a) Under the Authority's Scheme	4,680
(b) Otherwise	150

ELEMENTARY SCHOOLS.

Group III.—Treatment of Defects of Nose and Throat.

	NUMBER OF DEFECTS.				
	RECEIVED OPERATIVE TREATMENT.			Received other forms of treatment.	Total number treated.
	Under the Authority's Scheme, in Clinic or Hospital.	By private practitioner or Hospital, apart from the Authority's Scheme.	TOTAL.		
	(1)	(2)	(3)	(4)	(5)
Tonsils only	849	52	901	3	904
Adenoids only	118	2	120	—	120
Tonsils and Adenoids ...	357	32	389	5	394
Other defects of the nose and throat	—	—	—	8	8
TOTAL	1,324	86	1,410	16	1,426

Group IV.—Orthopædic and Postural Defects.

	UNDER THE AUTHORITY'S SCHEME.			OTHERWISE.			TOTAL NUMBER TREATED.
	Residential treatment with education.	Residential treatment without education.	Non-residential treatment at an Orthopædic Clinic.	Residential treatment with education.	Residential treatment without education.	Non-Residential treatment at an Orthopædic Clinic.	
Number of children treated	—	—	592	17	42	45	642

ELEMENTARY SCHOOLS.

Group V.—Dental Defects.

(1) Number of Children

(a) Inspected :—

(a) Inspected :										
Routine Age Groups				Aged		TOTAL ... 68,782				
				5	...					—
				6	...					8,761
				7	...					8,559
				8	...					8,669
				9	...					8,635
				10	...					8,629
				11	...					8,301
				12	...					8,276
				13	...					7,978
				14	...	974				
Specials	...	...	...	...	...	...	...	...	3,090
GRAND TOTAL						...	...	...	71,872
<hr/>										
(b)	Found to require treatment			...	...	...	...	...	59,334
(c)	Actually treated			...	...	...	...	...	22,720
(2)	Half-days devoted to			{ Inspection ... 423 }		TOTAL		...	4,651	
				{ Treatment *4,228 }						
* Includes 1,252 sessions Dental Officers acted as Anæsthetists.										
(3)	Attendances made by children for treatment			...	...	...	...	...	40,148
(4)	Fillings	...	{ Permanent Teeth ... 6,881 }		{ Temporary Teeth ... — }		...	TOTAL	...	6,881
(5)	Extractions	...	{ Permanent Teeth 20,150 }		{ Temporary Teeth 53,581 }		...	TOTAL	...	73,731
(6)	Administrations of general anæsthetics for extractions			...	...	...	...	...	26,109
(7)	Other operations	{ Permanent Teeth ... 1,897 }		{ Temporary Teeth ... — }		...	TOTAL	...	1,897	

Appendix B.

MEDICAL INSPECTION RETURNS.

TABLE I.
MEDICAL INSPECTIONS OF CHILDREN ATTENDING
HIGHER SCHOOLS.

A.—Routine Medical Inspections.

NUMBER OF INSPECTIONS IN THE PRESCRIBED GROUPS—

Age.						Boys.	Girls.	TOTAL.
8 years	...	...	...	...	...	37	42	79
9 years	...	...	...	...	...	52	37	89
10 years	...	...	...	...	...	88	58	146
11 years	...	...	...	...	...	413	268	681
12 years	...	...	...	...	...	758	464	1,222
13 years	...	...	...	...	...	821	474	1,295
14 years	...	...	...	...	...	994	459	1,453
15 years	...	...	...	...	...	915	393	1,308
16 years	...	...	...	...	...	435	207	642
17 years	...	...	...	...	...	172	87	259
TOTAL	...	...	...	...	...	4,685	2,489	7,174

B.—Other Inspections.

NUMBER OF SPECIAL INSPECTIONS	...	...	...	...	...	...	257
NUMBER OF RE-INSPECTIONS	...	...	...	...	...	...	6,887
TOTAL	...	...	...	...	...	...	7,144

C.—Children found to require Treatment.

Number of individual children found at Routine Medical Inspection
to Require Treatment (excluding Defects of Nutrition,
Uncleanliness and Dental Diseases).

Group.	For defective vision (excluding squint).	For all other con- ditions recorded in Table IIA.	Total.
(1)	(2)	(3)	(4)
TOTAL ROUTINE INSPECTIONS ...	351	Not available.	692

HIGHER SCHOOLS.

TABLE II.

A.—Return of Defects found by Medical Inspection in the Year ended 31st December, 1936.

DEFECT OR DISEASE.	ROUTINE INSPECTIONS.		SPECIAL INSPECTIONS.	
	Number of Defects.		Number of Defects.	
	Requiring Treatment.	Requiring to be kept under observation, but not requiring Treatment.	Requiring Treatment.	Requiring to be kept under observation, but not requiring Treatment.
(1)	(2)	(3)	(4)	(5)
SKIN—				
(1) Ringworm—Scalp	—	—	—	—
(2) „ Body	1	—	—	—
(3) Scabies	1	—	—	—
(4) Impetigo	—	—	—	—
(5) Other Diseases (Non-Tuberculous)	15	39	1	3
TOTAL (Heads 1 to 5) ...	17	39	1	3
EYE—				
(6) Blepharitis	—	11	1	—
(7) Conjunctivitis	3	7	—	—
(8) Keratitis	—	—	—	—
(9) Corneal Opacities	—	1	—	—
(10) Other Conditions (excluding Defective Vision and Squint) ...	—	11	—	1
TOTAL (Heads 6 to 10)	3	30	1	1
(11) Defective Vision (excluding Squint)	351	1,382	106	15
(12) Squint	32	147	14	1
EAR—				
(13) Defective Hearing	15	50	2	4
(14) Otitis Media	7	62	1	—
(15) Other Ear Diseases	2	20	1	2
NOSE AND THROAT—				
(16) Chronic Tonsillitis only	18	293	—	7
(17) Adenoids only	—	14	—	—
(18) Chronic Tonsillitis and Adenoids	2	34	—	1
(19) Other Conditions	25	92	—	3
(20) Enlarged Cervical Glands (Non-Tuberculous)	—	29	—	1
(21) Defective Speech	—	82	—	1
HEART AND CIRCULATION—				
Heart Disease :				
(22) Organic	3	50	—	—
(23) Functional	2	160	—	6
(24) Anaemia	4	45	1	4

TABLE II.—Continued.

DEFECT OR DISEASE. (1)	ROUTINE INSPECTIONS.		SPECIAL INSPECTIONS.	
	Number of Defects.		Number of Defects.	
	Requiring Treatment. (2)	Requiring to be kept under observation, but not requiring Treatment. (3)	Requiring Treatment. (4)	Requiring to be kept under observation, but not requiring Treatment. (5)
LUNGS—				
(25) Bronchitis	—	40	—	2
(26) Other Non-Tuberculous Diseases ...	—	4	—	—
TUBERCULOSIS—				
Pulmonary—				
(27) Definite	—	7	—	—
(28) Suspected	—	—	—	—
Non-Pulmonary—				
(29) Glands	—	4	—	—
(30) Bones and Joints	—	4	—	—
(31) Skin	—	—	—	—
(32) Other Forms	—	1	—	—
TOTAL (Heads 29 to 32) ...	—	9	—	—
NERVOUS SYSTEM—				
(33) Epilepsy	—	1	—	—
(34) Chorea	4	—	—	—
(35) Other Conditions	—	6	—	2
DEFORMITIES—				
(36) Rickets	—	—	—	—
(37) Spinal Curvature	20	42	—	1
(38) Other Forms	122	342	4	5
(39) Other Defects and Diseases (excluding Defects of Nutrition, Uncleanliness and Dental Diseases...	136	444	6	25
TOTAL NUMBER OF DEFECTS	763	3,424	137	84

B.—Classification of the Nutrition of Children Inspected during the Year in the Routine Age Groups.

Age-groups.	Number of Children Inspected	A. (Excellent)		B. (Normal)		C. (Slightly subnormal)		D. (Bad)	
		No.	%	No.	%	No.	%	No.	%
All Routine Inspections	7,174	1,494	20·83	5,497	76·62	180	2·51	3	·04

HIGHER SCHOOLS.

TABLE IV.

Return of Defects treated during the Year ended 31st December, 1936.

TREATMENT TABLE.

Group I.—Minor Ailments (excluding Uncleanliness,
for which see Group VI).

Disease or Defect. (1)	*Number of Defects treated, or under treatment during the year.		
	Under the Authority's Scheme. (2)	Otherwise. (3)	TOTAL. (4)
SKIN—			
Ringworm—Scalp—(1) X-Ray Treatment ...	—	—	—
(2) Other Treatment ...	—	—	—
Ringworm—Body	—	1	1
Scabies	—	1	1
Other Skin Disease	—	11	11
MINOR EYE DEFECTS— (External and other, but excluding cases falling in Group II)	—	9	9
MINOR EAR DEFECTS	2	23	25
MISCELLANEOUS— (e.g. minor injuries, bruises, sores, chilblains, etc.)	—	13	13
TOTAL	2	58	60

* The numbers in Group I of this Table refer almost wholly to children treated at the Committee's Clinics. No reliable information is obtainable as to the number of cases treated elsewhere.

HIGHER SCHOOLS.

Group II.—Defective Vision and Squint (excluding Minor Eye Defects treated as Minor Ailments—Group I).

DISEASE OR DEFECT. (1)	NUMBER OF DEFECTS DEALT WITH		
	Under the Authority's Scheme. (2)	Otherwise. (3)	TOTAL. (4)
New Cases	79	151	230
Errors of Refraction including Squint)			
Re-examination Cases ...	217	132	349
Other Defect or Disease of the eyes (excluding those recorded in Group I)	—	1	1
TOTAL	296	284	580

Total number of children for whom spectacles were prescribed :—

(a) Under the Authority's Scheme	...	...	...	...	...	235
(b) Otherwise	...	...	...	...	...	276

Total number of children who obtained or received spectacles :—

(a) Under the Authority's Scheme	...	...	...	...	...	235
(b) Otherwise	...	...	...	...	...	276

HIGHER SCHOOLS.

Group III.—Treatment of Defects of Nose and Throat.

	RECEIVED OPERATIVE TREATMENT			Received other Forms of Treatment	Total number treated
	Under the Authority's Scheme, in Clinic or Hospital	By Private Practitioner or Hospital, apart from the Authority's Scheme	Total		
	(1)	(2)	(3)	(4)	(5)
Tonsils only	3	8	11	—	11
Adenoids only	—	2	2	—	2
Tonsils and Adenoids ...	—	—	—	—	—
Other defects of nose and throat	—	1	1	—	1
TOTAL	3	11	14	—	14

Group IV.—Orthopædic and Postural Defects.

	UNDER THE AUTHORITY'S SCHEME.			OTHERWISE.			TOTAL NUMBER TREATED
	Residential treatment with education.	Residential treatment without education.	Non- Residential treatment at an Ortho- pædic Clinic.	Residential treatment with education.	Residential treatment without education.	Non- Residential treatment at an Ortho- pædic Clinic.	
Number of children treated	—	—	6	—	3	9	15

REPORT BY THE INSPECTOR OF PHYSICAL TRAINING, YEAR 1936.

During the year 1936 the teaching of physical training in the schools has progressed steadily, the teachers have maintained their efforts on behalf of the physical welfare of the children, both during and after school hours, and many of the activities included in the physical training programme have been extended.

In order to give a comprehensive idea of the progress during the past year in the various branches of physical training, a brief summary will be of interest as an introduction to the Report.

1. Time devoted to Physical Training in School Hours.

The average time devoted to syllabus work in all departments, other than infants, is 84·5 minutes each week. All senior departments, and the majority of junior departments, give additional time to organised games and swimming instruction.

2. Classes in Physical Training for Teachers and Club Leaders.

The following courses of instruction were conducted:—

Four courses (10 meetings each) for women teachers in Physical Training and Games.

One course (8 meetings) for women teachers in the Coaching of Games and Athletics (Summer).

Two courses (10 meetings each) for men teachers in Physical Training—using apparatus.

Three courses (8 meetings each) for club leaders—men—in Physical Training and Organisation.

Three courses (8 meetings each) for club leaders—women—in Physical Training and Organisation.

3. Organised Games in Public Parks and School Playing Fields.

Every available playing space in the public parks, and elementary school playing fields, is utilised to the full extent for the regular use during school hours of elementary school children.

4. Physical Training Apparatus: Games Material.

Over 30 senior departments have now been supplied with portable gymnastic apparatus, and this provision has been fully appreciated by the teachers and scholars.

The total sum expended during 1936 on games material for organised games has increased to approximately £2,000 (this includes the cost of supplying timber and iron for items made by boys in the manual instruction centres).

5. Free Transport of Children during School Hours from Congested Areas to Playing Fields.

In order to cater to a certain extent for the hundreds of children who live in congested areas, the scheme which provides free transport to distant playing fields is now available for 77 schools. The amount expended on tram tickets in 1936 was in the neighbourhood of £500.

6. Play Leaders in Public Parks: Summer Holidays.

Seven Public Parks were staffed with play leaders, who received payment for their work, during the five weeks of the elementary school holidays. The average daily attendance for the seven parks was 2,576 children. The amount expended on staffing and the supply of games material was £305.

7. Play Centres: Winter Months.

Fifteen schools were used for evening play centres during the winter months (January, February, March; October, November, December). The average attendance for each evening for the fifteen centres was 7,100 children. The cost of this scheme was approximately £2,900.

8. Playground Play Centres: Summer Months.

Thirty-two school playgrounds were included in the scheme, which was conducted for two periods totalling 16 weeks. A total average attendance of 2,647 children on each evening was recorded. The amount expended on staffing and material was £603.

9. School Camps: Midsummer Holidays.

One hundred and twenty-seven camps were conducted by teachers during a week or fortnight of the school summer holidays, as compared with 121 camps in 1935. A full report giving details of grants-in-aid, etc. (£2,565 10s. 0d. in 1936), follows.

10. Swimming Instruction: Public Baths and School Baths.

Thirteen bathing establishments (some with two plunges available) controlled by the Corporation Baths Department, were used by elementary school children throughout the summer months, and 11 of these baths were also used during the winter. Sixteen smaller plunge baths, on school premises, were also used to the fullest extent during the summer months.

11. Private Bathing: Public Spray and Slipper Baths, and School Spray Baths.

At 13 establishments, during the winter months, the Baths Department places a limited number of spray and slipper baths at the disposal of school children between the hours of 4-0 and 5-0 p.m. for private bathing. Details of usage are given later in this Report.

Only 6 elementary schools have spray baths on the school premises. These are used regularly and are appreciated.

In connection with the use of the Corporation swimming and private baths, the Education Committee pays the Baths Committee for the cost of towel supply. In 1936 the amount expended was approximately £1,142.

12. Individual School Athletic Festivals.

Individual school sports meetings have been organised and conducted by 104 schools, an increase of 6 over the figure for 1935.

13. Individual School Swimming Galas.

One hundred and twelve departments organised their own individual school galas and displays (as compared with 106 in 1935).

14. Co-operation with Voluntary Associations.

Voluntary organisations which are solely concerned with physical training and recreation, and other associations which include physical activities in their programmes, are helped by the provision of playing fields, and games apparatus, in the free tenancies of school gymnasias and halls, or by advice on problems which frequently occur. The organisations chiefly referred to are:—

The Sports Committee of the National Union of Teachers
(Liverpool Branch).

The Sports Committee of the National Association of School-
masters (Liverpool Branch).

The Liverpool Schools Football Association.

The Catholic Schools Athletic Association.

The Liverpool Branch of the English Folk Dance Society.

The Liverpool Union of Girls' Clubs.

The Liverpool Boys' Association.

The Occupational Centres for Unemployed.

The Lancashire Keep-fit Movement.

Play Leaders in Public Parks. Summer Holidays.

1. The Education Committee's scheme under which organised games are held in certain of the public parks during the summer holidays of the elementary schools was again carried on this year, eight parks (chosen on account of their situation in thickly-populated areas) being staffed each with two men and one woman as play organisers. These organisers were on duty from 1-0 to 5-0 p.m. each day (excepting Saturdays, Sundays and Bank Holiday), for the five weeks of the school holidays. This scheme, which the Committee have now carried on for the past 17 years, with the co-operation of the Parks and Gardens Committee, ensures that the poorer children can borrow and use games material, and obtain coaching in various games and other organised physical activities.

2. A lock-up hut, provided by the Education Committee, is situated in each park, and this year the following apparatus was available:—

Jumping standards, netball posts, netballs, rubber balls, cricket balls, baseballs, cricket bats, baseball bats, cricket stumps, rounder stumps, baseball bases, ropes for skipping and tug-of-war, boxing gloves, wicket-keeping gloves and cricket pads. The general honesty of the children was again evident, cases of theft being very rare, but the usual number of balls were lost, and some of the apparatus was, of course, worn out by the end of the holidays.

3. Approximate daily attendances in the eight parks, as given below, show a slight falling-off in numbers, in comparison with last year, in most of the parks. This is considered to be due to the unfavourable able weather experienced for so much of the time.

	Boys.	Girls.	Total.
Walton Hall Park	150	46	196
Garston Recreation Ground	203	99	302
Wavertree Playground	140	55	195
Sheil Park	348	183	531
Princes Park	340	163	503
Clubmoor Recreation Ground	267	155	422
Stanley Park	153	60	213
Sefton Park	150	64	214
Totals	1,751	825	2,576

In 1935, when seven parks were in use, the total daily attendances were 2,566.

It was noticed that games in which bats, balls, ropes, etc., were used aroused the greatest interest, and inter-park matches in cricket and rounders were well-supported, but once again the weekly sports meetings proved to be the most popular item. The usual ingenuity was shown in arranging attractions which included, besides racing, boxing, rounders and so on, such novelties as treasure hunts, paper-chases, marathons and paper-collecting competitions. Small prizes were provided out of the five shillings weekly allowed by the Committee, and

it was remarkable how far this small sum was made to stretch by the teachers responsible for the purchase of the prizes.

Although efforts continue to be made by the leaders to relieve girl scholars of some of their duties, by arranging for babies of whom they are left in charge to be watched while the girls play games, it will be seen that rather less than half the total number of children attending the parks were girls.

Some extracts from the reports of the Supervisors (selected Head Teachers) are given below:—

“ Weather interfered with the attendances, but on fine days
 “ all apparatus was in demand ”; “ Sports days were very popular
 “ and successful ” “ Interested spectators again rendered
 “ assistance in marshalling the children, etc.”; Attend-
 “ ances of the girls were disappointing ”; “ Rounders and
 “ cricket matches between teams from different parks proved an
 “ attraction for the children ”.

Evening Play Centres. Winter Months.

The Evening Play Centres provide a means for children from the elementary schools in the poorer and more congested areas of the City to enjoy indoor games and activities in warmed and well-lighted premises during the winter months, and for the children to be kept clear of the streets with their attendant traffic dangers.

Fifteen play centres, carried on in the premises of thirteen schools, were maintained during the session under review, meetings being held on Tuesday and Thursday evenings. A considerable re-organisation of the staffs was made at the commencement of the session, in accordance with the usual policy of the Sub-Committee, and six centres (Addison Street, Harrison Jones, Leamington Road Boys', St. James' Council, St. Sylvester's R.C., and Salisbury Street Boys') were placed in the charge of newly-appointed Superintendents. It is found that these regular changes of staff result in the introduction of fresh ideas of entertainment and amusement for the children and prevent 'staleness,' and they are considered to be a distinct advantage in the development of play centre work.

The Supervisors have paid surprise visits throughout the session, and report that all the Centres are controlled effectively; that the teachers appointed are enthusiastic and successful in maintaining interest; and that approximately 7,100 poor children are entertained for two hours on each evening of opening. It is gratifying to note the regular attendances of these poorer children, who would otherwise be compelled to spend much of their spare time in the streets and on doorsteps.

Visits by members of the Play Centres Sub-Committee with a view to inspection of the work carried on are welcomed by the children and all workers connected with the scheme.

The amount expended by the Sub-Committee on Evening Play Centres is £2,900 per annum, i.e., each Centre is maintained at an approximate cost per session of £200. While there is no doubt that the opening of more Centres would result in thousands of poor children benefiting, any extension of the scheme would result in a considerable increase in expenditure, and the need for economy has kept the estimated expenditure within the limit of £2,900 during the past five years.

The present regional distribution of the Centres, as shown hereunder, is considered to be the best for the service of children residing in those districts where the need for recreational facilities is greatest:—

Scotland Road Area	...	Addison Street, Penrhyn Street, St. Sylvester's.
Garston Area	...	Banks Road.
Central Area	...	Holy Cross, St. James' Council.
South Docks Area	...	Harrington Council.
Edge Hill Area	...	Harrison Jones Council.
Netherfield Road Area	...	Netherfield Road.
Islington Area	...	Salisbury Street (Boys and Girls).
Toxteth Area	...	Wellington Road, St. Paul's, Toxteth.
Norris Green Area	...	Leamington Road (Boys and Girls).

It is clear, having regard to the large number of schools from which children attend the Centres, that the Centres have become well-established and well-known in their respective areas.

Playground Play Centres. Summer Months.

Experience in the organisation of playground play centres in Liverpool has proved that only organised play, conducted by expert leaders, will attract children away from the streets; and the belief, once common, that if playgrounds were merely opened after school, boys and girls would flock to them in large numbers, is found to be without foundation. A child must be *attracted* in order to wish to go to a school playground, and the work of the leaders towards providing this attraction is both strenuous and tiring if well done.

Playgrounds which may be used for organised games must be of a fair size, and in this connection it is noticeable that most of the elementary schools possessing large playgrounds are in areas where the need of the children is not so great, by reason of the fact that there are more open spaces for recreation purposes. At the same time modern traffic conditions make it dangerous for children to walk to parks; this applies more especially to those between 3 and 11 years of age.

Offers were made some years ago by Voluntary organisations to staff two or three playgrounds after school hours. The scheme was tried for two summers, but was then discontinued owing to the small attendances of children. Another experiment was tried under which caretakers only were on duty each evening; this scheme was also unsuccessful, as very few children attended, and such minor offences as climbing walls, roofs and fences occurred, and also the misuse of lavatories.

The present scheme, as organised by the Education Committee for the past eight years, provides for the staffing of a number of school playgrounds by paid workers (men and women) for the period (5 to 7 p.m.), which statistics prove, through the number of traffic accidents in the streets, to be the most dangerous hours. The activities organised include bat and ball games, football with rubber balls, hand-

ball, racing, skipping, jumping, skittles, quoits, clock-golf, etc.; and fairy-cycles are allowed in several of the playgrounds.

The experiment of appointing some men and women, not in regular daily employment as teachers, was continued during 1936. These people worked conscientiously, and the results obtained were encouraging, especially in the case of those who had had previous experience. As in the past, however, it was noticed that specially selected teachers were more successful in attracting larger numbers of children to the playgrounds.

During the summer months of 1936 (May to September, excluding the period of the elementary school holidays), 32 school playgrounds were opened for organised games.

School Camps. Midsummer Holidays.

The Elementary Education Sub-Committee, since 1920, has given its approval each summer to the payment of a grant to assist teachers in taking the poorer children in elementary schools to Camp for a portion of the Midsummer holidays. The following table serves to illustrate the growth of the scheme since that date:—

Year.	Total grant from L.E.A.			Number of Camps.
	£	s.	d.	
1920	348	10	0	22
1921	210	0	0	10
1922	71	0	0	4
1923	192	0	0	10
1924	483	10	0	24
1925	588	0	0	27
1926	697	10	0	31
1927	1,000	0	0	42
1928	1,027	0	0	42
1929	1,490	7	0	69
1930	1,628	9	0	66
1931	1,655	10	0	79
1932	1,651	1	0	86
1933	1,757	1	0	102
1934	1,873	15	0	115
1935	2,461	10	0	121
1936	2,565	10	0	127

A circular was sent to all the elementary schools in Liverpool in February, 1936, setting out the conditions on which the Committee

are prepared to make grants in aid of school holiday camps, and 127 schools sent in applications which were considered by the Committee at their meeting on the 30th April. Approval of the Board of Education to the expenditure of a sum of £2,600 on school camps had already been obtained, and it was decided after consideration of the applications to fix the rate of grant at 10s. in respect of each leader and each scholar. (Last year grant was at the rate of 15s. for each leader and 10s. for each scholar). No school received a grant for more than one week, although in 20 camps children were taken away for ten or fourteen days. A total of 334 leaders and 4,797 scholars have thus been aided by grant to obtain the benefits of at least one week in camp.

The camp sites are chosen by the teachers, and submitted to the Committee for approval. All camps must be open to inspection by members or officials of the Committee, and the total cost of inspection must not exceed $2\frac{1}{2}$ per cent. of the total grant-in-aid.

Since the re-opening of the schools after the holidays, reports have been received from the camp organisers, and have been scrutinised and filed, together with those received from the members and officials who visited the camps. In almost every case, the official report forms from the Organisers have been accompanied by excellent programmes and detailed reports. The report show that the approximate total cost of all camps, including the aid received from the Committee, was £6,750.

The camps were generally reported as being well-organised and well situated; the catering and sanitary arrangements carefully attended to, and no lack of variety in the physical and educational activities. This year the official visitors were as follows:—The Chairman (Councillor C. G. S. Gordon), Councillors C. W. Bailey, F. Lavery and G. H. Boothman, Miss M. Kennedy, Miss M. T. Hallett, and Messrs. C. H. Barker, J. T. Hardeman, H. N. Lowe, E. L. Russell, A. Lucas, J. Locke, W. R. Irving and A. E. Harris. There were the usual number of minor accidents, always inseparable from large groups of campers, but none of the accidents have been attended with serious consequences.

Camping during a portion of the school holidays has now become such a tradition that a further increase in the numbers attending camp is expected for 1937, and, assuming the necessary grants are forthcoming, it is probable that more schools will be included and more children receive the benefit of at least one week's fresh air during next year.

The following recommendations have been approved by the Committee for the school camps in 1937:—

(a) That the Board of Education be asked to sanction expenditure not exceeding £2,600 for aiding school camps during the summer holidays of 1937; this amount to be included in the estimates for the year.

(b) That all elementary schools be notified in February, 1937, of the conditions under which the Committee make grants in aid of school camps, applications to be sent in by the 1st March, 1937.

(c) That grants be paid only in respect of camps organised by the Managers or Head Teachers of elementary schools. (The grant is not intended to aid camping parties conducted by other bodies or persons.)

(d) That no grant be paid unless the camp has been approved by the Elementary Education Sub-Committee as suitably situated. Each camp must be open to inspection, and be reasonably accessible for that purpose, i.e., it must be situated in the Isle of Man, North Wales (not beyond the Mawddach Estuary), the Lake District, or in Lancashire or Cheshire.

(e) The total grant-in-aid shall fall within the limits recognised by the Board of Education for grant purposes in the particular year.

(f) That applications for grants-in-aid of camps of more than one week's duration shall be considered only after "one-week" camps have been approved.

(g) That children under 9 years of age should not be taken to camp unless the Committee are satisfied that adequate arrangements are made for their supervision.

(h) That each camp party shall include at least one responsible teacher for every 30 children. (It is to be understood that if

there are cases in which compliance with this condition is impracticable, the Committee will be prepared to consider whether the proposal submitted can be approved as securing adequate control and supervision.)

(i) That where the party contains both boys and girls, the leaders must include both men and women teachers.

(j) Applications must contain an outline programme of the proposed camp activities, showing what instruction or social and physical training will be given.

Swimming Instruction.

The chief aims in the promotion of swimming instruction for school children are to teach as many children as possible to swim, and to swim correctly. There should be no restriction or lack of facilities which may prevent any child of normal physique from acquiring the art of swimming.

Although Liverpool children compare very favourably with children in other towns or districts in their swimming abilities, it is still exceptional to find a school with 50 per cent. of swimmers amongst children, say, from 11 to 14 years of age.

While keeping up all traditions of training the best swimmers to be champions, it is to be hoped that the main effort will be directed more towards the raising of the percentage of swimmers, until it becomes an exception for a pupil of 14 to be a non-swimmer rather than the reverse, which certainly used to be the case.

The number of scholars who could swim (for a distance of at least 25 yards) in 1935 and 1936 are given below:—

Date of return.				Boys.	Girls.	Total.	Total number of children of 11 plus in Liverpool schools.
October, 1935	...	...	...	9,222	5,389	14,611	49,700
October, 1936	...	...	...	9,259	6,244	15,503	47,728

In the table printed below figures are added showing the extent to which the facilities kindly offered by the Baths Committee for the use of "slipper" and spray baths are taken advantage of by the school children.

ATTENDANCES AT PUBLIC SWIMMING AND SPRAY BATHS, 1936.

	SWIMMING PLUNGES.				SLIPPER AND SPRAY BATHS.			
	Summer Months, 1936. April, May, June, July, Aug., Sept., Oct.		Winter Months, 1936. Jan., Feb., Mar., Nov., Dec.		Summer Months 1936. April, May, June, July, Aug., Sept., Oct.		Winter Months, 1936. Jan., Feb., Mar., Nov., Dec.	
	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.
Beacon Street ...	—	—	—	—	3,887	—	3,210	—
Burroughs Gdns.	22,833	10,626	6,394	863	—	—	1,365	1,007
Cornwallis St. ...	11,675	6,462	4,417	1,415	—	—	729	190
Harold Davies ...	13,111	7,926	1,685	708	—	—	—	—
Kensington ...	—	—	—	—	544	592	520	447
Lister Drive ...	24,407	15,342	6,608	1,512	—	—	—	—
Lodge Lane ...	19,829	16,142	7,506	2,246	—	—	893	660
Margaret Street ...	45,318	18,315	19,904	2,429	—	—	897	704
Melrose Road ...	—	—	—	—	1,914	1,646	1,856	1,566
Minshull St. ...	—	—	—	—	389	1,239	376	932
Netherfield Rd. ...	—	—	—	—	—	642	—	581
Picton Road ...	16,797	9,261	5,643	1,286	—	—	1,037	207
Queens Drive ...	23,738	12,737	—	—	—	—	—	—
Speke Road ...	19,837	15,810	12,319	3,762	—	—	—	—
Stebble Street ...	37,204	16,167	14,124	2,810	—	—	1,128	1,450
Westminster Rd.	41,586	18,910	17,243	4,650	—	—	452	1,114
Wm. Roberts ...	32,696	19,602	6,812	2,455	—	—	—	—
Woolton ...	2,076	1,115	—	—	—	77	46	45
	311,107	168,415	102,655	24,136	6,734	4,196	12,545	8,903
	479,522		126,791		10,930		21,448	
	GRAND TOTAL, 638,691							

(In 1935 the TOTAL ATTENDANCES were 524,554)

ATTENDANCES AT SCHOOL SWIMMING BATHS.

Name of School Bath.	Size of Bath.	No. of weeks Bath was in use in 1936.	Attendances.		Other Schools using Bath.
			Boys.	Girls.	
Anfield Road ...	50' × 20'	20	9,500	7,500	Townsend Lane. Holy Trinity C.E. All Saints R.C.
Beaufort Street ...	34' × 16'	20	5,324	2,967	—
Birchfield Road ...	58' × 20'	19	7,961	6,342	—
Brae Street ...	25' × 15'	18	1,399	1,234	—
Breckfield C. ... (Granton Road)	40' × 15'	20	—	1,902	Loraine Street. Venice Street. St. Saviour's Everton. Queens Road.
Breckfield C. ... (Venice Street)	20' × 10'	16	3,107	—	Major Lester C. Queens Road. St. George's C.E. St. Saviour's, Everton.
Daisy Street ...	19' × 15'9"	9	430	212	—
Earle C. ... (Webster Road)	24' × 18	20	3,379	1,753	Earle Road. St. Hugh's R.C. Clint Road.
Harrington C. ...	24' × 13'6"	18	1,440	1,512	—
Heyworth Street ...	30' × 20'	25	3,981	1,931	Steers Street. Everton Terrace. St. Benedict's C.E.
Lawrence Road ...	54' × 24'	24	6,401	6,922	Earle Road. Webster Road. St. Hugh's R.C.
Newsham C. ... (Boaler Street)	45' × 20'	20	4,520	3,104	Sheil Road. Butler Street.
Rathbone C. ...	21'6" × 15'3"	24	2,400	3,000	Sacred Heart R.C. St. Mary's C.E.
St. Michael's C. ...	22'6" × 18'6"	17	3,253	2,911	Aigburth C.E. St. Charles' R.C. Sudley Road.
Sefton Park C. ...	40' × 20'	22	3,874	3,481	Dovedale Road. Morrison C. St. Bridget's C.E.
Warbreck C. ... (Longmoor Lane)	50' × 20'	20	10,121	7,160	Barlows Lane. Rice Lane. Holy Name R.C. St. John's, Walton. Sherwood's Lane.
		TOTALS	67,090	51,931	
TOTALS for 1935			72,747	47,211	

Games, Athletics, Swimming, Voluntary Work of Teachers' Sports Associations "Out of School Hours."

Organised games and competitions after school hours and on Saturdays are conducted by four independent Sports Committees of teachers:—

1. The Liverpool Branch of the National Union of Teachers (organises activities for girls from all schools).
2. The Liverpool Branch of the National Association of Schoolmasters (organises activities for boys from all schools).
3. The Liverpool Schools Football Association (controls all football competitions).
4. The Catholic Schools Athletic Association (organises additional competitions for boys and girls attending Roman Catholic Schools).

The Annual Reports of the Sports Committees of these Associations show clearly that excellent results were obtained in 1936, and all teachers concerned are entitled to great praise for their voluntary work on behalf of the physical education of the scholars of Liverpool. It is pleasing to report that the extensive work of these Committees is financially self-supporting.

Extracts from the reports of the Hon. Secretaries are here appended:

By Mr. D. Snowdon (Hon. Secretary, Sports Committee, Liverpool Association of Schoolmasters):—

"Year by year the work has steadily grown, and with the growth, improvement of all branches of sport has gradually progressed and we can look forward optimistically to the future.

"Although the situation with regard to the lack of adequate playing facilities has slightly improved in recent years, we have by no means reached the fulfilment of our desires."

RUGBY.

"Considerable success attended the attempt to provide our boys with Rugby League Football. Seventeen schools entered, exclusive of three Junior teams.

"The City Team was narrowly beaten by Salford in the first round of the Lancashire Schoolboys' Rugby League Cup."

CRICKET.

“ The number of Schools taking part in this season’s Competitions was 104, an increase of 4 over 1935 ; the number of teams was 182. Despite the lengthy fixture programme, and the short time available for its fulfilment, all engagements were completed by the dates specified.

“ Our 1936 City Schoolboys XI proved themselves the strongest side that has represented the City so far. Eight matches were played. Of these, seven were won, one lost. We were again successful in both games with the Liverpool College Juniors.

“ We note with interest that several of our local senior clubs have now offered encouragement to our budding cricket talent by forming Junior Sections. From these many of our former City XI players have progressed to the Clubs’ 2nd and 1st elevens.”

BASEBALL.

“ The number of teams participating in the various leagues increased from 64 in 1935 to 69 in the season just completed. Perhaps the most satisfactory feature of this increase is the number of Junior Schools or Departments who entered teams for the first time. A Knock-Out for these Junior Schools attracted an entry of 14 teams—a satisfactory total considering that this season saw the inauguration of this particular competition. With the other Knock-Out competitions retaining their popularity we consider ourselves justified in stating that School Baseball is more popular than ever.”

ATHLETICS.

JUNIOR.

“ There was a marked increase in entries (4,494 as against 3,845 for 1935), and a noticeable improvement amongst the Competitors in knowing where to go and what to do on the Athletics Field.”

SENIOR.

“ District Festivals were held as usual, and Merit Certificates were awarded.

“ The winners of the events in the District Festivals, together with those for events for boys over 14, competed at the Championship Festival held at the L.B.A. Ground on Empire Day holiday, making a total of 3,240 entries representing 70 schools.

“ The inclusion of a Physical Training Display was one of the features of the afternoon, and was decidedly entertaining to those present.

“ For the ninth year in succession the Liverpool Boys won the Lancashire Championship at Manchester on Saturday, June 20th, and the Joint Trophy was also retained by the Liverpool boys and girls.”

SWIMMING LEAGUES.

“ The growing interest in this branch of Schools’ swimming is amply demonstrated by the fact that in the last three years the number of schools taking part in

“ the Competition has increased from 43 to 58. The increase in the number of actual teams is from 126 to 175.”

SWIMMING—GENERAL.

“ The affiliated schools numbered 122, this being an increase of one on 1935. Galas were held in eight districts as in past years, and an introduction in gala organisation was given to the new areas at Dovecot and Norris Green.

“ An increase in the number of Certificates awarded for Swimming is shown, the total being 4,260, as against 3,866 last year, the allocation being as follows :—
 “ Beginners, 2,598 ; Distance, 1,349 ; Speed, 284 : Proficiency, 29.

“ We entered again for the Northern Counties Inter-Town Competition and it is gratifying to record that the Liverpool Team brought honour to the city by winning the J. W. Coe Shield. We were fortunate in being drawn at home in each round prior to the final tie at Barrow. The first round was staged at Picton Road, where we defeated the Runcorn Team comfortably. The second round proved our stiffest obstacle when Manchester were our victims by a very small margin.”

APPRECIATION.

“ Without the continuing support and assistance of all those interested outside this Association, it would be almost impossible to carry on the huge work of your Sports Organisation.

“ Finally, this report would be incomplete if your Committee did not take the opportunity of expressing thanks to that numerous body of Schools Sports' Representatives, without whose close co-operation it would be impossible to carry on our work. It cannot be too strongly emphasised that the work is purely voluntary. The teacher gets no financial recompense—and expects none. His satisfaction comes from the knowledge of a job well done, and the appreciation which he gets from the boys on whose behalf he gives so much of his spare time.”

By Miss M. M. Williams (Hon. Secretary, Sports Committee, Liverpool Branch N.U.T.) :—

“ The Sports Committee records another year of progress and success in its organisation of Athletics, Hockey, Netball, Rounders and Swimming.

“ The continued reorganisation of our schools into Senior and Junior Departments, and the raising of the school-leaving age, has encouraged the Committee to make alterations in the age conditions for competitions to ensure a larger entry.”

NETBALL.

“ In the Season 1935-6 the League entries were as follows :—

Senior	...	...	...	...	34 entries.
Intermediate	...	...	...	...	20 „
Junior	...	...	...	...	12 „

“ Later in the Season, 12 schools took part in a Knock-out Competition.

“ Liverpool entered a team in the County Competition and tied with Preston for first place in their section, but in the replay they were defeated.

“ The current season, 1936-37, has seen an increased entry in the League Competitions, the numbers being :—

Senior	...	...	...	...	43
Intermediate	...	...	...	...	25
Junior	...	...	...	...	11

HOCKEY.

“ This competition has been hard hit owing to the reorganisation of schools, but during the Season 1935-36, 8 schools took part, playing in two leagues.”

ROUNDERS.

“ There was the usual good entry in this Competition, and a marked increase in the number of Intermediate Teams :—

				1936	1935
Senior	...	...	...	51	49
Intermediate	...	...	...	52	33
Junior	...	...	...	18	31

ATHLETICS.

“ This branch of the Committee’s work has met with great success this year. An innovation was the holding of Junior Athletic Festivals at Back Lane and Jericho Farm, and the enthusiastic support they received will encourage the Committee to increase the number this year.

“ Senior District Preliminaries were held as usual at Long Lane, Back Lane, Sandown Park and Jericho Farm, while a special meeting was arranged for Preliminary Hurdles and Relay Races at Sandown Park, and a good standard of running and jumping was reached.”

LANCASHIRE COUNTY SPORTS.

“ These took place at Manchester Athletic Ground, Fallowfield, on Saturday, June 26th, 1936. Conditions were ideal, and some excellent running was seen.

“ Liverpool sent a strong team, which achieved great distinction, winning the Mrs. Aitken Shield with 27 points (6 firsts and 1 second), and with the Liverpool Boys becoming joint holders of the President’s Trophy as the most successful Town.”

SWIMMING.

“ The number of those taking part in Swimming this year has increased considerably, and no doubt this has been largely due to the opening of two new baths at Dovecot and Norris Green.

“ One hundred and thirty seven schools registered for certificates, an increase of 29, and of these 58 entered for one league or more.”

LEAGUES.

Senior Free Style	...	...	36 entries (33 in 1935).
Senior Breast Stroke	...	...	46 ,, (38 in 1935)
Intermediate Breast Stroke	...	...	39 ,, (35 in 1935)
Junior Breast Stroke	...	...	25 ,, (20 in 1935).

CHAMPIONSHIPS.

“ There were 78 entries, an increase of 17 on the previous year.”

CERTIFICATES.

Third Class	...	...	...	2,055
Back Stroke	...	...	...	1,594
Second Class	...	...	...	882
First Class ...	...	...	...	471

5,002 (4,394 in 1935).

“ The encouragement of Swimming Committee’s competition resulted in the
“ award of 47 scholarships.

“ These scholarships confer :—

- 1.—Free Membership of an Affiliated Club.
- 2.—For Coaching.
- 3.—Free Contract to a Swimming Bath for 1937.

GALAS.

“ Ten successful galas were held this year (8 in 1935).

CONCLUSION.

“ The Committee offers its grateful thanks to the many teachers who, by giving
“ up much of their spare time after school hours to support the Sports Committee
“ organisations, have contributed very largely to their success.”

By Mr. H. G. Turner (Hon. Secretary, Liverpool and District
Catholic Schools Athletic Association) :—

“ It is my very great pleasure to present this very satisfactory report of the
“ year’s working of the many activities organised by this Association for the Catholic
Schools of Liverpool.”

FOOTBALL.

“ In the many reports which the Association has issued since its establishment
“ in 1897, Football has always held priority.

“ Our congratulations go to the Representatives of the Catholic Schools’ Football
“ Leagues, which as a section of the **Liverpool Schools’ Football Association**, are
“ carrying on so splendidly the torch of high standard and enthusiasm kindled almost
“ 40 years ago.”

NETBALL.

“ The number of entries shows an increase of **one** in the Senior League and two
“ in the Junior League. This increase is very small but we are pleased to note that
“ there is an improvement, no matter how slight.

“ Nineteen schools entered in the Senior Leagues and Competitions and 14 for
“ the Junior Leagues.

“ Report has it that the standard of play has reached a very high level and that
“ there is no great margin of skill between the competing teams.”

CRICKET.

“ All leagues showed an increase on 1935, notwithstanding the fact that a couple
“ of schools temporarily left our leagues. The cricket entries, rather surprisingly
“ in the face of the growing interest in Baseball, rose to 28 teams. We hope this
strength will be maintained. Altogether, the Summer Games teams put roughly
‘ 1,800 boys and girls into active competition at least once, probably twice, per week.”

SWIMMING.

“ Thirty-two departments entered teams for Boys and Girls Swimming Leagues.
“ It is very gratifying indeed to record each year an increase in the enthusiasm of this
“ activity. The Swimming Galas (Two) were held on September 15th (Girls) and
“ September 17th (Boys). Both Galas passed off successfully and quite smoothly
“ considering the large entries. 335 girls and 310 boys competed in the Finals—
“ representing the total number of entrants of 1,214 boys and girls.”

ROUNDERS.

“ The Girls' Rounders Competitions were raised to a better position, the leagues
“ being larger than in former years. Three leagues were formed for the Seniors
“ with 16 entrants and an innovation this year was the formation of a Junior league
“ of 7 teams.”

ATHLETIC FESTIVAL.

“ Two preliminaries, catered for 3,619 children, so that 1,205 children appeared
“ in the Finals on Liverpool's ground in May. Despite the early date of our Festival,
“ the good weather made the function a very pleasant one and events proceeded
“ without hitch . . . thanks to the good stewarding which we always enjoy and
“ appreciate.”

CONCLUSION.

“ The issue of such a satisfactory report is possible only by the close co-operation
“ of all those interested in the fostering and furthering of schoolchildren's athletics.
“ First and foremost come the many School representatives whom I liken to moles
“ . . . only coming to the light on occasions like this. Their loyalty and willingness
“ to give up so much free time to coach their teams cannot be over emphasised.
“ We owe a greater debt than we can ever repay.

“ To the Education Committee our sincerest thanks for their close co-operation
“ and interest at all times. We appreciate the use of Education grounds and
“ apparatus for our many functions.

“ We can only show our gratitude by maintaining the high standard of efficiency
“ already attained in this report and by increasing the scope of our activities so that
“ the number of children taking part in out-of-school games and exercises will
“ eventually coincide with the number of children attending our schools.”

By Mr. H. R. Atherley (Hon. Secretary, Liverpool Schools Football Association):—

“The fifth year in the life of this association has passed so smoothly that it seems to have slipped by very quickly, and in our annual taking stock I feel that the general impression left in most quarters is one of consolidation as well as of satisfactory progress.

“The ‘satisfactory progress’ is noticeable in many ways, viz:—the three statements of accounts which we issue, significant of a larger number of interested spectators at our League Finals and City Team matches; the increased number of teams playing in our competitions; the improved standard of play throughout the City, a token of the enthusiasm of our young men in charge of school teams and also the success of the City Team.

“The past season saw 110 schools entering 206 teams, as against 108 schools and 208 teams in the previous season. The ‘D’ Competition for boys under 11 years, with an entry of 32 teams as against 26 in 1934/5, must be recognised as one of our strongest leagues.

“The new Junior ‘Knock-out’ Competition, providing additional games for the Schools, attracted an entry of 22 teams. The Senior ‘Knock-out’ Competition entries were the same as last year, 63, again very satisfactory.

“The Referees’ panel has been a definite success and has solved a problem that has given difficulty in the past.

“The continued increase in our playing strength and consequent increase in the number of leagues, together with the new competition all make for a task of increasing magnitude. When I say that approximately one thousand games have been played in the past season I should like this meeting to realise that it is only with the help and appreciation of the masters in charge of the School teams that this task will be successfully accomplished.”

THE CITY TEAM.

“Once clear of the two ends of the season, and free from General Meetings, multitudes of forms—affiliations, nominations, insurance, etc.—the General Committee devoted itself to the City Team and this time has had a very full season.

“The English Shield has proved as elusive as ever, since after our initial victory over Rochdale we went out at the feet of Preston.

“The Lancashire Cup Competition brought us rather more success. The record reads:—

v. St. Helens	...	...	Home	...	...	...	...	Won	4—0
v. Wigan	...	...	Home	...	...	...	...	Won	3—1
v. Warrington	...	...	Away	...	...	...	...	Won	4—0
v. Ashton-under-Lyne	...	...	Away	...	...	...	...	Drew	3—3
v. Ashton-under-Lyne	...	...	Home	...	...	...	...	Drew	1—1
v. Ashton-under-Lyne	...	...	Away	...	...	...	...	Won	1—0
Semi-final v. Bolton	...	...	Home	...	...	...	...	Won	4—0
Final v. Manchester	...	...	Away	...	...	...	...	Lost	1—3

COUNTY MATCH.

“ Our Association had the honour of staging a County game, Lancashire v. Cheshire again this year.

“ It would be rather a hopeless task to attempt to count the number of school teams which play our competition games on Education Committee grounds out of school hours ; indeed it would be far from a simple task to count the occasions upon which we have the use of these grounds for League semi-finals, City team practices, and even City Team games. When all the properly enclosed grounds are in full use and not one of them can be loaned to us by a senior football club, it is then that we call upon the officials of our Education Committee, and we have never yet called in vain. I am glad to have this opportunity of publishing our sincere thanks to Committee for their such practical recognition of our out-of-school work.

In presenting this report to the Elementary Education Sub-Committee, the Inspector of Physical Training wishes to emphasise the importance and extent of this “ after-school ” work of the teachers of Liverpool, and recommends that a letter of appreciation be sent to each of the four associations referred to.

A. E. HARRIS,
Inspector of Physical Training.

March, 1937.